



DEFENSE COUNTERINTELLIGENCE AND SECURITY AGENCY

27130 TELEGRAPH ROAD
QUANTICO, VA 22134-2253

September 27, 2022

MEMORANDUM FOR THE OFFICE OF THE CHIEF OF NAVAL OPERATIONS

FOIA/Privacy Act Program Office/Service Center, ATTN: DNS 36
2000 Navy Pentagon, Washington, DC 20350-2000
Email: DONFOIA-PA@navy.mil

SUBJECT: Time Sensitive Request for Records ICO Ms. Alycia T. Gionet,
DCSA-M 22-10245

While processing Gionet's request for records, it was determined that the attached documents fall under the release authority of your agency. Pursuant to DoDM 5200.02, *Procedures for the DoD Personnel Security Program*, dated April 3, 2017, the requester is seeking a copy of the records upon which the Department of Defense Consolidated Adjudications Services (DoD CAS) relied in rendering a proposed national security eligibility determination. Thus, we are referring a copy of the request for records and relevant documents to your office for a release determination, and direct response to the requester. We have notified the requester of our referral action.

Your agency's prompt handling of this request for records will aid the individual in providing a timely response to the DoD CAS, per the time constraints described in DoDM 5200.02. Should you have any questions regarding this matter, please contact our FOIA and Privacy Office, via email, at dcsa.meade.caf.mbx.privacy-act@mail.mil.

T.
WARNER

Digitally signed
by T. WARNER
Date: 2022.10.07
08:53:06 -04'00'

for/

Joy F. Greene
Supervisory, Government Information Specialist
FOI/PA Office for Adjudications

Attachments:

1. Request for Records
2. Records for Release (93 pages)
3. Response to Requester (w/o attachments)

PRIVACY ACT INFORMATION

In compliance with the Privacy Act of 1974, this information is Personal Data and must be protected from public disclosure.

**FREEDOM OF INFORMATION / PRIVACY ACT REQUEST
FOR ADJUDICATION RECORDS**

OMB No. 0704-0561
OMB approval expires
January 31, 2023

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person should be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

Authorities: 5 U.S.C. 552, 5 U.S.C. 552a, 32 CFR part 310, 32 CFR part 286.

Principal Purpose(s): The purpose of the collection is to enable the Defense Counterintelligence and Security Agency (DCSA) to locate applicable records and to respond to requests made under the Freedom of Information Act and the Privacy Act of 1974.

Routine Use(s): The information collected on this form will primarily be used to comply with requests for information under 5 U.S.C. 552 and 5 U.S.C. 552a. The information requested may be used by and disclosed to DCSA personnel, contractors, and/or shared externally with other government agencies as a routine use when necessary and relevant to assist in activities related to the processing of your Freedom of Information Act and/or Privacy Act request. Additionally, DCSA may use the information as necessary and authorized by the routine uses in the system of records notice associated with this form: V1-01: Privacy and Freedom of Information Request Records. A complete list of the routine uses and the full text of V1-01 can be found at <https://dpcl.dod.mil/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570278/v1-01/>.

Disclosure: Information Regarding Disclosure of your Social Security Number (SSN) under Public Law 93-579, Section 7 (b). Solicitation of SSNs by DCSA is authorized under the provisions of Executive Order 9397, dated November 22, 1943. Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, DCSA may be unable to locate records pertaining to you. The use of SSNs is necessary because of the large number of Federal employees, contractors, civilians, and military personnel who have identical names and/or birth date and whose identities can only be distinguished by their SSNs.

INSTRUCTIONS

Use of this form is optional. To request a copy of your adjudicative records, please complete the appropriate fields below (or send a written request, containing the below information) to our Fort Meade, MD, office location. The information you provide will be used to identify/retrieve records pertaining to your request. Your completed form or written request may be submitted via mail or by secure e-mail as a scanned attachment. If submitting via e-mail, you should ensure that the security of your e-mail system is adequate for transmitting sensitive information before choosing to transmit your request, which contains your personally identifiable information. See page 2 for our contact information.

1. TYPE OF REQUEST – SELECT ALL THAT APPLY. (THIS SECTION MUST BE COMPLETED)

- ☒ Privacy Act/FOIA Request – I request my own records under the Privacy Act of 1974. (Requester must complete sections 2, 3, 4, 5, and 6.)
- ☐ FOIA Request – I am making a request for records about someone or something other than myself. (Requester must complete sections 2, 3, and 7a/b.)
- ☐ Privacy Act Amendment Request – I wish to amend my own records. In accordance with 32 C.F.R. § 310.7, include an explanation why the record is not accurate, timely, relevant, or complete without this correction, and factual documentation that supports the request for the amendment. Requestors should attach additional material to this form. (Requestor must complete sections 2, 4, 5, and 6)

2. REQUESTER'S INFORMATION

FULL NAME

ALYCIA TERESE GIONET

STREET ADDRESS

1305 NW 191ST ST

CITY

EDMOND

STATE

OK

ZIP CODE

73102

COUNTRY

USA

TELEPHONE (Optional)

6035087323

PREFERRED DELIVERY METHOD

- ☐ SECURE E-MAIL*
- ☒ HARDCOPY MAIL

*A secure e-mail ensures that the information being sent to you is encrypted and therefore cannot be intercepted and read.

3. RECORDS REQUESTED (Specify the specific records you are seeking. Attach as separate page if you need more space than provided below.)
MILITARY COMMAND PERSONNEL SECURITY RECORDS OBTAINED BY VETTING RISK OPERATIONS AND/OR DOD
CONSOLIDATION ADJUDICATIONS FACILITY (dod cAf)

CONTINUOUS EVALUATION INCIDENT REPORTS OBTAINED BY VETTING RISK OPERATIONS AND/OR DOD
CONSOLIDATION ADJUDICATIONS FACILITY (dod cAf)

CREDIT REPORTS OBTAINED BY VETTING RISK OPERATIONS AND/OR DOD CONSOLIDATION ADJUDICATIONS
FACILITY (dod cAf)

4. REQUESTER'S IDENTIFYING INFORMATION (complete this section only if you are making a request for records about yourself.)

SOCIAL SECURITY NUMBER

030703306

DATE OF BIRTH

03/08/2088

STATE OF BIRTH

MA

CITY OF BIRTH

LOWELL

COUNTRY OF BIRTH

USA

*Please note: Additional identifying information may need to be submitted upon request for verification of identity.

5. AUTHORIZATION TO RELEASE INFORMATION TO THIRD PARTY (optional)

By completing this section, you authorize information relating to you to be released to another person, such as a family member or legal counsel. Please note, if you choose to have your records sent to a third party, you will not be furnished a duplicate copy. Pursuant to 5 U.S.C. § 552a(b), I authorize the DCSA - Defense Counterintelligence and Security Agency - to release my records (defined above) to:

NAME OF THIRD PARTY

THIRD PARTY MAILING ADDRESS

6. VERIFICATION OF REQUESTER'S IDENTITY (Complete this section only if you are making a request for records about yourself.)

I declare under the penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and I am the person named in Section 2. I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine of not more than \$10,000, or by imprisonment for not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. § 552a(i)(3) by a fine of not more than \$5,000.

REQUESTER'S HANDWRITTEN SIGNATURE OR CAC/PIV E-SIGNATURE

DATE

08/11/2022

7a. COMPLETE THIS SECTION ONLY IF YOU ARE REQUESTING RECORDS ABOUT SOMEONE OR SOMETHING OTHER THAN YOURSELF

In the box below, you may wish to provide information about yourself and the purpose of your request to help us determine your fee category. While FOIA does not require a requester to state the purpose of a request, fees may be reduced based on the nature of the requester or purpose of the request. Fees for searching, copying, and processing records in this category may be levied in accordance with DCSA's regulations at 32 C.F.R.286.12. If you are asking for a waiver or reduction of fees, you can also use this box to provide an explanation. Attach a separate page if you need more space than provided below.

7b. I agree to pay all applicable fees

- ☐ I agree to pay up to a specific amount for fees. Specify the amount _____
- ☐ I request a waiver or reduction of fees because I am (check all options below that apply)
- ☐ Affiliated with an education or noncommercial scientific institution and this request is not for commercial use.
- ☐ A representative of the news media and this request is part of a news dissemination function and not for commercial use
- ☐ Requesting the information in order to contribute significantly to the public understanding of operations or activities of the government and I do not primarily have a commercial interest in the information.

CONTACT INFORMATION

Defense Counterintelligence and Security Agency
Attn: FOIA and Privacy Office for Adjudications
600 10th Street
Fort Meade, MD 20755-5131

E-mail: dcsa.meade.caf.mbx.privacy-act@mail.mil



December 22, 2017

Alycia Gionet
7730 Plantation Bay Dr, Apt 510
Jacksonville FL 32244-5191

In Re: Your Chapter 13 Case
Case No.: 3:17-bk-04148

Dear Alycia:

Enclosed please find a copy of your Chapter 13 Plan. Please note that your first payment to the trustee is due **January 1, 2018** in the amount of **\$805.56**. Your future payments will be due on the **1st** of each month thereafter until the completion of your plan.

The payment needs to be in the form of a **cashier's check or money order** made payable to **DOUGLAS W. NEWAY, TRUSTEE**, with your name and case number written on it. If mailing your payment, the payment needs to be sent to: **PO BOX 2079, MEMPHIS TN 38101-2079**. Make a copy of each payment you send to the trustee and keep the copy in a safe place where you can find it again in case the payment gets lost along the way.

You may also make the payments on-line through TFS Bill Pay.

It is better **NOT** to send the payment express or by any kind of overnight service. Most of those services need to be signed for by the receiver and that will usually result in a delay rather than a time savings. It is also usually better to get a **cashier's check or money order** from a bank or credit union, or a money order from the Post Office. Money orders bought from a convenience store usually cannot be tracked in the event the payment gets lost.

Please keep in mind that your payment is subject to change. Make sure that you open any mail that you get from this office. If you should have any questions or concerns please feel free to contact the office.

Respectfully,

LANSING ROY, P.A.

Kevin B. Paysinger

Kevin B. Paysinger, Esquire

KBP/kk
Enclosure

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION
www.flmb.uscourts.gov

In re:

CASE NO. 3:17-bk-
CHAPTER 13

Alycia Terese Gionet,

Debtor(s)

CHAPTER 13 PLAN

A. NOTICES.

Debtor¹ must check one box on each line to state whether or not the Plan includes each of the following items. If an item is checked as "Not Included," if both boxes are checked, or if neither box is checked, the provision will be ineffective if set out later in the Plan.

A limit on the amount of a secured claim based on a valuation which may result in a partial payment or no payment at all to the secured creditor. See Sections C.5(d) and (e). A separate motion will be filed.	Included	Not Included X
Avoidance of a judicial lien or non-possessory, non-purchase money security interest under 11 U.S.C. § 522(f). A separate motion will be filed. See Section C.5(e).	Included	Not Included X
Nonstandard provisions, set out in Section E.	Included X	Not Included

- B. MONTHLY PLAN PAYMENTS. Plan payments include the Trustee's fee of 10% and shall begin 30 days from petition filing/conversion date. Debtor shall make payments to the Trustee for the period of 60 months. If the Trustee does not retain the full 10%, any portion not retained will be disbursed to allowed claims receiving payments under the Plan and may cause an increased distribution to the unsecured class of creditors.

\$805.56 from month 1 (January 2017) through 20 (August 2019).
\$1,374.62 from month 21 (September 2019) through 60 (December 2022).

C. PROPOSED DISTRIBUTIONS.

1. ADMINISTRATIVE ATTORNEY'S FEES.

Base Fee \$3,500.00 Total Paid Prepetition \$1,000.00 Balance Due \$2,500.00

¹ All references to "Debtor" include and refer to both of the debtors in a case filed jointly by two individuals.

MMM Fee \$0.00 Total Paid Prepetition \$0.00 Balance Due \$0.00

Estimated Monitoring Fee at \$25.00 per Month.

Attorney's Fees Payable Through Plan at \$700.00 monthly (1-3), then \$400.00 monthly (4) and \$25.00 monthly administrative fee (1-60) (subject to adjustment).

2. DOMESTIC SUPPORT OBLIGATIONS (as defined in 11 U.S.C. §101(14A)).

None

3. PRIORITY CLAIMS (as defined in 11 U.S.C. § 507).

None

4. TRUSTEE FEES. From each payment received from Debtor, the Trustee shall receive a fee, the percentage of which is fixed periodically by the United States Trustee.

5. SECURED CLAIMS. Pre-confirmation payments allocated to secured creditors under the Plan, other than amounts allocated to cure arrearages, shall be deemed adequate protection payments. The Trustee shall disburse adequate protection payments to secured creditors prior to confirmation, as soon as practicable, if the Plan provides for payment to the secured creditor, the secured creditor has filed a proof of claim or Debtor or Trustee has filed a proof of claim for the secured creditor under § 501(c), and no objection to the claim is pending. If Debtor's payments under the Plan are timely paid, payments to secured creditors under the Plan shall be deemed contractually paid on time.

(a) Claims Secured by Debtor's Principal Residence Which Debtor Intends to Retain - Mortgage, HOA and Condo Association Payments, and Arrears, if any, Paid Through the Plan. If the Plan provides for curing prepetition arrearages on a mortgage on Debtor's principal residence, Debtor will pay, in addition to all other sums due under the proposed Plan, all regular monthly post-petition mortgage payments to the Trustee as part of the Plan. These mortgage payments, which may be adjusted up or down as provided for under the loan documents, are due beginning the first due date after the case is filed and continuing each month thereafter. The Trustee shall pay the post-petition mortgage payments for Debtor's principal residence on the following mortgage claims:

None

(b) Claims Secured by Other Real Property Which Debtor Intends to Retain - Mortgage Payments, HOA and Condo Association Payments, and Arrears, if any, Paid Through the Plan. If the Plan provides to cure prepetition arrearages on a mortgage, Debtor will pay, in addition to all other sums due under the proposed Plan, all regular monthly post-petition mortgage payments to the Trustee as part of the Plan. These mortgage payments, which may be adjusted up or down as provided for under the loan documents, are due beginning the first due date after the case is filed and continuing each

month thereafter. The Trustee shall pay the post-petition mortgage payments on the following mortgage claims:

None

(c) **Claims Secured by Real Property - Debtor Intends to Seek Mortgage Modification.** If Debtor obtains a modification of the mortgage, the modified payments shall be paid through the Plan. Pending the resolution of a mortgage modification request, Debtor shall make the following adequate protection payments to the Trustee: (1) for *homestead* property, the lesser of 31% of gross monthly income of Debtor and non-filing spouse, if any (after deducting homeowners association fees), or the normal monthly contractual mortgage payment; or (2) for *non-homestead*, income-producing property, 75% of the gross rental income generated from the property.

None

(d) **Claims Secured by Real Property or Personal Property to Which Section 506 Valuation APPLIES (Strip Down).** Under 11 U.S.C. § 1322 (b)(2), this provision does not apply to a claim secured solely by Debtor's principal residence. A *separate motion to determine secured status or to value the collateral must be filed*. The secured portion of the claim, estimated below, shall be paid. Unless otherwise stated in Section E, the payment through the Plan does not include payments for escrowed property taxes or insurance.

None

(e) **Liens to be Avoided Under 11 U.S.C. § 522 or Stripped Off Under 11 U.S.C. § 506.** Debtor must file a separate motion under § 522 to avoid a judicial lien or a non-possessory, non-purchase money security interest because it impairs an exemption or under § 506 to determine secured status and to strip a lien.

None

(f) **Claims Secured by Real Property and/or Personal Property to Which Section 506 Valuation DOES NOT APPLY Under the Final Paragraph in 11 U.S.C. § 1325(a).** The claims listed below were either: (1) incurred within 910 days before the petition date and secured by a purchase money security interest in a motor vehicle acquired for the personal use of Debtor; or (2) incurred within one year of the petition date and secured by a purchase money security interest in any other thing of value. These claims will be paid in full under the Plan with interest at the rate stated below.

None

(g) **Claims Secured by Real or Personal Property to be Paid with Interest Through the Plan under 11 U.S.C. § 1322(b)(2).** The following secured claims will be paid in full under the Plan with interest at the rate stated below.

None

(h) **Claims Secured by Personal Property – Maintaining Regular Payments and Curing Arrearage, if any, with All Payments in Plan.**

None

(i) **Secured Claims Paid Directly by Debtor.** The following secured claims are being made via automatic debit/draft from Debtor's depository account and are to continue to be paid directly to the creditor or lessor by Debtor outside the Plan via automatic debit/draft. The automatic stay is terminated *in rem* as to Debtor and *in rem* and *in personam* as to any co-debtor as to these creditors and lessors upon the filing of this Plan. Nothing herein is intended to terminate or abrogate Debtor's state law contract rights.

Last Four Digits of Acct. No.	Creditor	Property/Collateral
4918	Volkswagen Credit	2013 Volkswagen GTI

(j) **Surrender of Collateral/Property that Secures a Claim.** Debtor will surrender the following collateral/property. The automatic stay under 11 U.S.C. §§ 362(a) and 1301(a) is terminated *in rem* as to Debtor and *in rem* and *in personam* as to any co-debtor as to these creditors upon the filing of this Plan.

None

(k) **Secured Claims That Debtor Does Not Intend to Pay.** Debtor does not intend to make payments to the following secured creditors. The automatic stay is terminated *in rem* as to Debtor and *in rem* and *in personam* as to any co-debtor with respect to these creditors upon the filing of this Plan. Debtor's state law contract rights and defenses are neither terminated nor abrogated.

None

6. **LEASES / EXECUTORY CONTRACTS.** As and for adequate protection, the Trustee shall disburse payments to creditors under leases or executory contracts prior to confirmation, as soon as practicable, if the Plan provides for payment to creditor/lessor, the creditor/lessor has filed a proof of claim or Debtor or Trustee has filed a proof of claim for the secured creditor/lessor under § 501(c), and no objection to the claim is pending. If Debtor's payments under the Plan are timely paid, payments to creditors/lessors under the Plan shall be deemed contractually paid on time.

(a) **Assumption of Leases/Executory Contracts for Real or Personal Property to be Paid and Arrearages Cured Through the Plan.** Debtor assumes the following leases/executory contracts and proposes the prompt cure of any prepetition arrearage as follows.

None

(b) **Assumption of Leases/Executory Contracts for Real or Personal Property to be Paid Directly by Debtor.** Debtor assumes the following lease/executory contract claims that are paid via automatic debit/draft from Debtor's depository account and are to continue to be paid directly to the creditor or lessor by Debtor outside the Plan via automatic debit/draft. The automatic stay is terminated *in rem* as to Debtor and *in rem* and *in personam* as to any co-debtor as to these creditors and lessors upon the filing of this Plan. Nothing herein is intended to terminate or abrogate Debtor's state law contract rights.

Last Four Digits of Acct. No.	Creditor/Lessor	Property/Collateral
	Vintage Plantation, LLC	Debtor's residence

(c) **Rejection of Leases/Executory Contracts and Surrender of Real or Personal Leased Property.** Debtor rejects the following leases/executory contracts and will surrender the following leased real or personal property. The automatic stay is terminated *in rem* as to Debtor and *in rem* and *in personam* as to any co-debtor as to these creditors and lessors upon the filing of this Plan.

None

7. **GENERAL UNSECURED CREDITORS.** General unsecured creditors with allowed claims shall receive a *pro rata* share of the balance of any funds remaining after payments to the above referenced creditors or shall otherwise be paid under a subsequent Order Confirming Plan. The estimated dividend to unsecured creditors shall be no less than \$0.00.

D. GENERAL PLAN PROVISIONS:

1. Secured creditors, whether or not dealt with under the Plan, shall retain the liens securing such claims.
2. Payments made to any creditor shall be based upon the amount set forth in the creditor's proof of claim or other amount as allowed by an Order of the Bankruptcy Court.
3. If Debtor fails to check (a) or (b) below, or if Debtor checks both (a) and (b), property of the estate shall not vest in Debtor until the earlier of Debtor's discharge or dismissal of this case, unless the Court orders otherwise. Property of the estate

(a) _____ shall not vest in Debtor until the earlier of Debtor's discharge or

dismissal of this case, unless the Court orders otherwise, or

(b) X shall vest in Debtor upon confirmation of the Plan.

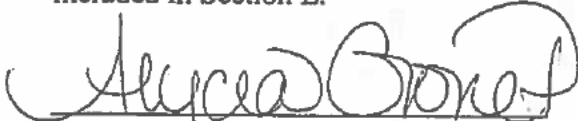
4. The amounts listed for claims in this Plan are based upon Debtor's best estimate and belief and/or the proofs of claim as filed and allowed. Unless otherwise ordered by the Court, the Trustee shall only pay creditors with filed and allowed proofs of claim. An allowed proof of claim will control, unless the Court orders otherwise.
5. Debtor may attach a summary or spreadsheet to provide an estimate of anticipated distributions. The actual distributions may vary. If the summary or spreadsheet conflicts with this Plan, the provisions of the Plan control prior to confirmation, after which time the Order Confirming Plan shall control.
6. Debtor shall timely file all tax returns and make all tax payments and deposits when due. (However, if Debtor is not required to file tax returns, Debtor shall provide the Trustee with a statement to that effect.) For each tax return that becomes due after the case is filed, Debtor shall provide a complete copy of the tax return, including business returns if Debtor owns a business, together with all related W-2s and Form 1099s, to the Trustee within 14 days of filing the return. Unless otherwise ordered, consented to by the Trustee, or ordered by the Court, Debtor shall turn over to the Trustee all tax refunds in addition to regular Plan payments. Debtor shall not instruct the Internal Revenue Service or other taxing agency to apply a refund to the following year's tax liability. Debtor shall not spend any tax refund without first having obtained the Trustee's consent or Court approval.

E. NONSTANDARD PROVISIONS as Defined in Federal Rule of Bankruptcy Procedure 3015(c). Note: Any nonstandard provisions of this Plan other than those set out in this section are deemed void and are stricken.

1. Unless otherwise provided in Administrative Order FLMB-2015-8 (the "Administrative Order"), if a confirmation order is entered prior to the resolution of any pending objection to claim or motion to value claim, such objection and/or motion shall be reserved for ruling on a subsequent date provided such objection and/or motion is filed timely pursuant to the Administrative Order. Debtor reserves all rights under any objection and/or motion notwithstanding the entry of a confirmation order.

CERTIFICATION

By filing this document, the Attorney for Debtor, or Debtor, if not represented by an attorney, certifies that the wording and order of the provisions in this Chapter 13 Plan are identical to those contained in the Model Plan adopted by this Court, and that this Plan contains no additional or deleted wording or nonstandard provisions other than any nonstandard provisions included in Section E.


Debtor

Dated: 30 NOV 17

LANSING ROY, P.A.

/s/ Kevin B. Paysinger

Kevin B. Paysinger, Esquire

Florida Bar No. 0056742

William B. McDaniel, Esquire

Florida Bar No. 084469

Attorney for Debtor(s)

1710 Shadowood Lane, Suite 210

Jacksonville, FL 32207-2184

court@lansingroy.com

Telephone: (904) 391-0030

Facsimile: (904) 391-0031

Glonet	1st Pmt	Plan			Trustee %	Attorney Fee	Adm Fee	VW Credit
	100%							2013 VW GTI
	Unsecured			DEBT PMT	Tee Fee	\$2,500.00		outside
TOTALS	\$60,000.00							
January-18	\$0.00	1		\$ 805.556	\$80.56	\$700.00	\$25.00	\$0.00
February-18	\$0.00	2		\$ 805.556	\$80.56	\$700.00	\$25.00	\$0.00
March-18	\$0.00	3		\$ 805.556	\$80.56	\$700.00	\$25.00	\$0.00
April-18	\$300.00	4		\$ 805.556	\$80.56	\$400.00	\$25.00	\$0.00
May-18	\$700.00	5		\$ 805.556	\$80.56	\$0.00	\$25.00	\$0.00
June-18	\$700.00	6		\$ 805.556	\$80.56	\$0.00	\$25.00	\$0.00
July-18	\$700.00	7		\$ 805.556	\$80.56	\$0.00	\$25.00	\$0.00
August-18	\$700.00	8		\$ 805.556	\$80.56	\$0.00	\$25.00	\$0.00
September-18	\$700.00	9		\$ 805.556	\$80.56	\$0.00	\$25.00	\$0.00
October-18	\$700.00	10		\$ 805.556	\$80.56	\$0.00	\$25.00	\$0.00
November-18	\$700.00	11		\$ 805.556	\$80.56	\$0.00	\$25.00	\$0.00
December-18	\$700.00	12		\$ 805.556	\$80.56	\$0.00	\$25.00	\$0.00
January-19	\$700.00	13		\$ 805.556	\$80.56	\$0.00	\$25.00	\$0.00
February-19	\$700.00	14		\$ 805.556	\$80.56	\$0.00	\$25.00	\$0.00
March-19	\$700.00	15		\$ 805.556	\$80.56	\$0.00	\$25.00	\$0.00
April-19	\$700.00	16		\$ 805.556	\$80.56	\$0.00	\$25.00	\$0.00
May-19	\$700.00	17		\$ 805.556	\$80.56	\$0.00	\$25.00	\$0.00
June-19	\$700.00	18		\$ 805.556	\$80.56	\$0.00	\$25.00	\$0.00
July-19	\$700.00	19		\$ 805.556	\$80.56	\$0.00	\$25.00	\$0.00
August-19	\$700.00	20		\$ 805.556	\$80.56	\$0.00	\$25.00	\$0.00
September-19	\$1,212.15	21		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
October-19	\$1,212.15	22		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
November-19	\$1,212.15	23		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
December-19	\$1,212.15	24		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
January-20	\$1,212.15	25		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
February-20	\$1,212.15	26		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
March-20	\$1,212.15	27		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
April-20	\$1,212.15	28		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
May-20	\$1,212.15	29		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
June-20	\$1,212.15	30		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
July-20	\$1,212.15	31		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
August-20	\$1,212.15	32		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
September-20	\$1,212.15	33		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
October-20	\$1,212.15	34		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
November-20	\$1,212.15	35		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
December-20	\$1,212.15	36		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
January-21	\$1,212.15	37		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
February-21	\$1,212.15	38		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
March-21	\$1,212.15	39		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
April-21	\$1,212.15	40		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
May-21	\$1,212.15	41		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
June-21	\$1,212.15	42		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
July-21	\$1,212.15	43		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
August-21	\$1,212.15	44		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
September-21	\$1,212.15	45		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
October-21	\$1,212.15	46		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
November-21	\$1,212.15	47		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
December-21	\$1,212.15	48		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
January-22	\$1,212.15	49		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
February-22	\$1,212.15	50		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
March-22	\$1,212.15	51		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
April-22	\$1,212.15	52		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
May-22	\$1,212.15	53		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
June-22	\$1,212.15	54		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
July-22	\$1,212.15	55		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
August-22	\$1,212.15	56		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
September-22	\$1,212.15	57		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
October-22	\$1,212.15	58		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
November-22	\$1,212.15	59		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
December-22	\$1,212.15	60		\$ 1,374.611	\$137.46	\$0.00	\$25.00	\$0.00
				\$ -				
TOTAL	\$59,986.00			\$ 71,095.556	\$7,109.56	\$2,500.00	\$1,500.00	\$0.00
	#DIV/0!			#DIV/0!	10.00%	#DIV/0!	#DIV/0!	#DIV/0!



December 22, 2017

Alycia Gionet
7730 Plantation Bay Dr, Apt 510
Jacksonville FL 32244-5191

In Re: Your Chapter 13 Case
Case No.: 3:17-bk-04148

Dear Alycia:

Enclosed please find a copy of the Schedules, Statement of Affairs and Chapter 13 Plan that have been filed with the Court. Also enclosed is a copy of the Meeting of Creditors Notice you should have already received.

Please take the time to read these documents. If you find any of the information is not accurate, please call me immediately so the appropriate changes can be made prior to your **Meeting of Creditors**, which is scheduled for **January 22, 2018 @ 9:00 A.M. in Suite 1-200 in the Federal Court House located at 300 N Hogan St, Jacksonville FL 32202.**

You will receive a letter from the Court advising that you need to complete a second course (Debtor Education). Please be advised that this is not required to be filed to the court until within ninety days of the case being confirmed. There is no need to do the course at this time. I will advise when it is time to do the Debtor Education course. There will also be another document I need for each of you to sign and return at the conclusion of your case.

Respectfully,

LANSING ROY, PA

Kathy M. Kleist
Paralegal

IMPORTANT INFORMATION ATTACHED

ADDITIONAL POINTS TO REMEMBER

Douglas W. Neway is your Chapter 13 Trustee. Payments must be in the form of a cashier's check or money order, and is to be sent to P.O. Box 2079, Memphis, TN 38101-2079. **Be sure to put your name and case number on the cashier's check or money order to ensure proper credit.**

On –Line payments can be made to the Trustee, see the attached flyer for more info.

As we discussed at our conference, this Chapter 13 plan is estimated based on the figures you provided. Once the creditors file proofs of claim, changes may be made.

You will be receiving mail from the Bankruptcy Court, creditors and this office. Please be sure to open and read your mail when you receive it. If you have any questions, contact us. If you receive documentation from a creditor, do not sign it. This office will advise you as to what you need to sign.

A number of your secured creditors (example: mortgage, cars, etc.) will be filing a Motion for Relief from Stay or, in the alternative, Adequate Protection. This paperwork is necessary for the secured creditor to be able to get the Court to order the Trustee to disburse a payment to the creditor. The motion will be set for a hearing. Don't be alarmed. This is standard procedure. We will advise you when it is necessary for you to appear for a hearing.

If you realize that you need to add creditors to your case, please forward it to me in writing a statement or a note providing the name, address, account number and balance owed to the creditor. Any debt incurred after the date of filing cannot be included in your case. The cost to add a creditor or creditors is \$30.00 -- that is \$30.00 each time, not \$30.00 per creditor. The \$30.00 charge is made by the Clerk's office, so please send a check or money order for \$30.00 to us when you send the information to add creditors. Make the check or money order payable to our firm, and we will issue our check to the Clerk's office. After you have provided us with this information, you should receive a document requiring your signature. If you have not received such a document within 30 days after you notify us, please give me a call. It is your responsibility to make sure that this document is received by you, signed and returned to me for filing with the court.

It is very important that you keep this office advised of any changes in your address, telephone number or marital status. We must be able to contact you at all times during the process of your bankruptcy case.

Do Not call the Trustee's office, direct any questions to Kathy Kleist, Paralegal, at 904-391-0030.

Information to identify the case:

Debtor 1	Alycia Terese Gionet	Social Security number or ITIN	xxx-xx-3306
	First Name Middle Name Last Name	EIN	- - - - -
Debtor 2		Social Security number or ITIN	- - - - -
(Spouse, if filing)	First Name Middle Name Last Name	EIN	- - - - -
United States Bankruptcy Court Middle District of Florida		Date case filed for chapter	13 12/1/17
Case number: 3:17-bk-04148-PMG			

Official Form 3091**Notice of Chapter 13 Bankruptcy Case**

12/17

For the debtors listed above, a case has been filed under chapter 13 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read both pages carefully.

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtors, the debtors' property, and certain codebtors. For example, while the stay is in effect, creditors cannot sue, garnish wages, assert a deficiency, repossess property, or otherwise try to collect from the debtors. Creditors cannot demand repayment from debtors by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although debtors can ask the court to extend or impose a stay.

Confirmation of a chapter 13 plan may result in a discharge. Creditors who assert that the debtors are not entitled to a discharge under 11 U.S.C. § 1328(f) must file a motion objecting to discharge in the bankruptcy clerk's office within the deadline specified in this notice. Creditors who want to have their debt excepted from discharge may be required to file a complaint in the bankruptcy clerk's office by the same deadline. (See line 13 below for more information.)

To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at www.pacer.gov).

The staff of the bankruptcy clerk's office cannot give legal advice.

To help creditors correctly identify debtors, debtors submit full Social Security or Individual Taxpayer Identification Numbers, which may appear on a version of this notice. However, the full numbers must not appear on any document filed with the court.

Do not file this notice with any proof of claim or other filing in the case. Do not include more than the last four digits of a Social Security or Individual Taxpayer Identification Number in any document, including attachments, that you file with the court.

	About Debtor 1:	About Debtor 2:
1. Debtor's full name	Alycia Terese Gionet	
2. All other names used in the last 8 years		
3. Address	7730 Plantation Bay Dr, Apt 510 Jacksonville, FL 32244-5191	
4. Debtor's attorney Name and address	Kevin B Paysinger Lansing Roy, PA 1710 Shadowood Lane, Suite 210 Jacksonville, FL 32207	Contact phone 904-391-0030 Email court@kingsingroy.com
5. Bankruptcy Trustee Name and address	Douglas W. Neway P O Box 4308 Jacksonville, FL 32201	Contact phone 904-358-6465
6. Bankruptcy Clerk's Office Documents in this case may be filed at this address. You may inspect all records filed in this case at this office or online at www.pacer.gov .	300 North Hogan Street Suite 3-150 Jacksonville, FL 32202	Hours open: Monday - Friday 8:30 AM - 4:00PM Contact phone 904-301-6490 Date: December 5, 2017

For more information, see page 2

Debtor: Alycia Terese Glonet

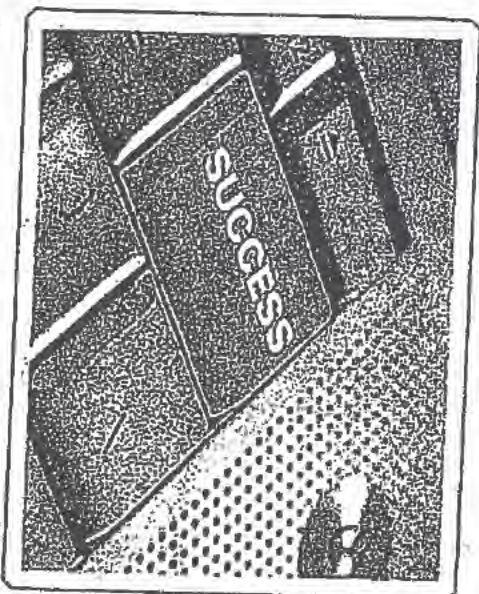
Case number 3:17-bk-04148-PMG

7. Meeting of creditors Debtors must attend the meeting to be questioned under oath. In a joint case, both spouses must attend. Creditors may attend, but are not required to do so. You are reminded that Local Rule 5073-1 restricts the entry of personal electronic devices into the Courthouse.	January 22, 2018 at 09:00 AM The meeting may be continued or adjourned to a later date. If so, the date will be on the court docket.	Location: FIRST FLOOR, 300 North Hogan St. Suite 1-200, Jacksonville, FL 32202
*** Debtor(s) must present Photo ID and acceptable proof of Social Security Number at § 341 meeting. ***		
8. Deadlines The bankruptcy clerk's office must receive these documents and any required filing fee by the following deadlines.	Deadline to file a complaint to challenge dischargeability of certain debts:	Filing deadline: March 23, 2018
You must file: <ul style="list-style-type: none"> a motion if you assert that the debtors are not entitled to receive a discharge under U.S.C. § 1328(f) or a complaint if you want to have a particular debt excepted from discharge under 11 U.S.C. § 523(a)(2) or (4). 		
Deadline for all creditors to file a proof of claim (except governmental units):		Filing deadline: February 9, 2018
Deadline for governmental units to file a proof of claim:		For a governmental unit: 180 days from the date of filing
Deadlines for filing proof of claim: A proof of claim is a signed statement describing a creditor's claim. A proof of claim form may be filed online at the Court's website at www.film.uscourts.gov , or obtained at www.uscourts.gov or at any bankruptcy clerk's office. If you do not file a proof of claim by the deadline, you might not be paid on your claim. To be paid, you must file a proof of claim even if your claim is listed in the schedules that the debtor filed. Secured creditors retain rights in their collateral regardless of whether they file a proof of claim. Filing a proof of claim submits the creditor to the jurisdiction of the bankruptcy court, with consequences a lawyer can explain. For example, a secured creditor who files a proof of claim may surrender important nonmonetary rights, including the right to a jury trial. Attention Mortgage Holders: Attachments to your Proof of Claim may be required by changes to Rule 3001. Forms and attachments are available at www.uscourts.gov .		
Deadline to object to exemptions: The law permits debtors to keep certain property as exempt. If you believe that the law does not authorize an exemption claimed, you may file an objection.		
Filing deadline: 30 days after the conclusion of the meeting of creditors		
9. Filing of plan, hearing on confirmation of plan	The plan will be sent separately. The initial confirmation hearing will be held on: February 27, 2018 at 10:00 AM. Location: 300 North Hogan Street, 4th Floor – Courtroom 4A, Jacksonville, FL 32202	
The confirmation hearing may be continued upon announcement made in open court and reflected on the docket without further written notice. Local Rule 5073-1 restricts the entry of electronic devices and mobile phones into the Courthouse.		
10. Creditors with a foreign address	If you are a creditor receiving a notice mailed to a foreign address, you may file a motion asking the court to extend the deadline in this notice. Consult an attorney familiar with United States bankruptcy law if you have any questions about your rights in this case.	
11. Filing a chapter 13 bankruptcy case	Chapter 13 allows an individual with regular income and debts below a specified amount to adjust debts according to a plan. A plan is not effective unless the court confirms it. You may object to confirmation of the plan and appear at the confirmation hearing. A copy of the plan, if not enclosed, will be sent to you later, and if the confirmation hearing is not indicated on this notice, you will be sent notice of the confirmation hearing. The debtor will remain in possession of the property and may continue to operate the business, if any, unless the court orders otherwise.	
12. Exempt property	The law allows debtors to keep certain property as exempt. Fully exempt property will not be sold and distributed to creditors, even if the case is converted to chapter 7. Debtors must file a list of property claimed as exempt. You may inspect that list at the bankruptcy clerk's office or online at www.pacer.gov . If you believe that the law does not authorize an exemption that debtors claimed, you may file an objection by the deadline.	
13. Discharge of debts	Confirmation of a chapter 13 plan may result in a discharge of debts, which may include all or part of a debt. However, unless the court orders otherwise, the debts will not be discharged until all payments under the plan are made. A discharge means that creditors may never try to collect the debt from the debtors personally except as provided in the plan. If you want to have a particular debt excepted from discharge under 11 U.S.C. § 523(a)(2) or (4), you must file a complaint and pay the filing fee in the bankruptcy clerk's office by the deadline. If you believe that the debtors are not entitled to a discharge of any of their debts under 11 U.S.C. § 1328(f), you must file a motion. The bankruptcy clerk's office must receive the objection by the deadline to object to exemptions in line 8.	
14. Voice Case Info. System (McVCIS)	McVCIS provides basic case information concerning deadlines such as case opening and closing date, discharge date and whether a case has assets or not. McVCIS is accessible 24 hours a day except when routine maintenance is performed. To access McVCIS toll free call 1-866-222-8029.	

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YOUR
SUCCESS

www.TFSBillPay.com



The Automated & Online Solution for Chapter 13 Bankruptcy Payments

The challenge to surviving your bankruptcy is making payments on time and keeping accurate records. TFS provides an easy-to-use online payment option for your monthly bankruptcy payments. It's cheaper and hassle-free.

The other options for making your bankruptcy payments would require you to obtain money orders or certified checks **EVERY** month. Why wait in line at the bank and pay exorbitant bank fees? Make your payments automatically and from the privacy of your own home.

(17)

Bankruptcy Payment Options Compared

	Cost	Convenient	Automated Payments	Private	Reminders and Notifications	Accurate Recordkeeping
TFS Bill Pay	\$	✓	✓	✓	✓	✓
Certified Check	\$ \$	✗	✗	✗	✗	✗
Money Order	\$ \$ \$	✗	✗	✗	✗	✗

With automated payments, reminders, and the ability to make bankruptcy payments from the comfort and security of your home, TFS Bill Pay is the obvious choice. Visit us today at www.TFSBillPay.com or call 888-DAY CUTS 1000 700 0440.

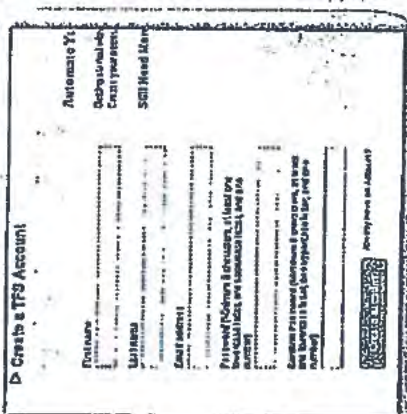
1. LOG ON

Visit tfsbillpay.com and click the orange button labeled "SIGN UP today."



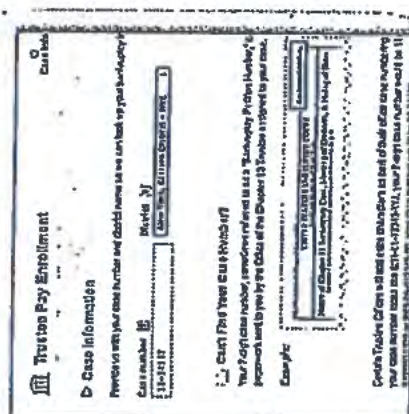
2. CREATE AN ACCOUNT

Enter your name and email address to start setting up your account on TFS. You will receive a verification email that will let you log in.



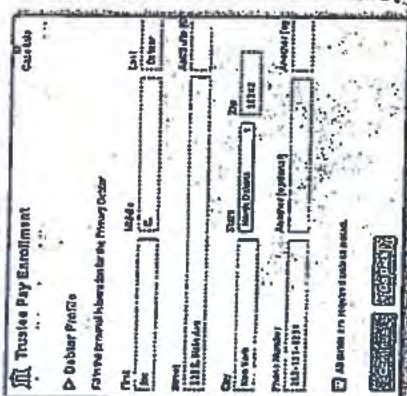
3. CASE INFORMATION

Once you log in, click "Enroll in Trustee Pay" and enter your case number. You can find this information on the official paperwork sent to you by your trustee.



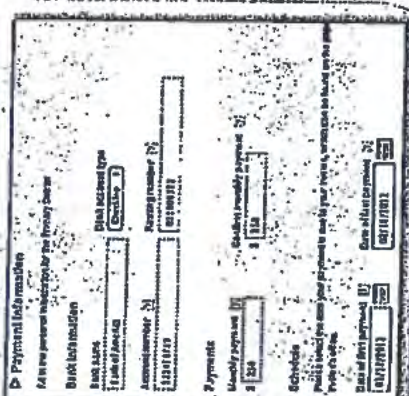
4. PROFILE

Confirm your personal info. This data is pulled directly from court records, so it should be accurate.



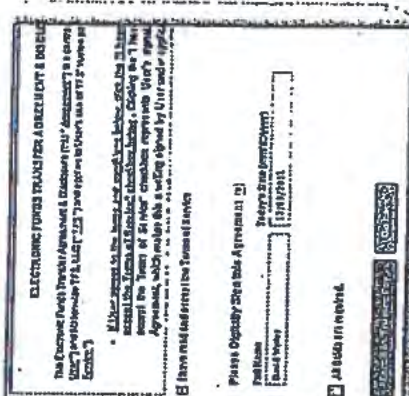
5. ACCOUNT INFO

Enter your account info, payment amount, and payment schedule. Payments take 5 business days to process and arrive at your trustee's office. Business days don't include weekends and bank holidays, so please plan accordingly.



6. VERIFICATION

Review your account information, select the check boxes, provide the "digital signature" at the bottom of the page, and click "Enroll in Trustee Pay."



Take our Video Tour!
Visit www.tfsbillpay.com/about



Have more questions?
Call TFS today at (888) PAY-CH13

New Manual Payment

You have a scheduled automatic payment for Aug 9, and manual payments will not cancel automatic payments.

Payment Amount Confirm Payment Amount \$

Payment date Reason 7 Monthly Plan Payment

This payment will be processed from the currently on file account

TFS Fee Structure			
\$100 or less	\$0.99	\$101 - \$250	\$1.99
\$251 - \$500	\$2.99	\$501 - \$750	\$3.99
\$751 - \$1,000	\$4.99	\$1,001 - \$1,500	\$6.99
\$1,501 - \$2,000	\$6.99	\$2,001 or more	\$7.99

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The Fastest Way to Make Chapter 13 Plan Payments

What is MoneyGram.

How long does it take?

Your Trustee can confirm your MoneyGram payment instantly.

What forms of payment can I use?

Debit cards and cash can be used at Walmart, or cash anywhere else!

What should I bring?

You need your TFS MoneyGram Card, payment & ID. That's it!

How much does it cost?

Every MoneyGram transaction includes a flat fee of \$8.99.

Why use MoneyGram.

Fastest Method of Trustee Payment!

Use MoneyGram in time-sensitive situations like a dismissal hearing, before confirmation, or catch-up payment.

Easy and Convenient!

Visit any one of 39,000 MoneyGram locations across the country to pay with ease.

Peace of Mind!

Once your payment leaves your hands, it's tracked and guaranteed to arrive at your trustee's office!

How To GET STARTED

There are two easy ways to get started:

1 ~~Talk to your Attorney. They can print your MoneyGram card straight from their office!~~

2 Call the TFS MoneyGram hotline at (888) 739-2749.

When you provide basic case information, a MoneyGram Card will be generated and sent to you!

Simply bring your MoneyGram Card, your payment, and ID to any one of over 39,000 MoneyGram locations!



CALL ~~YOUR ATTORNEY~~ OR OUR MONEYGRAM

HOTLINE TODAY AT: (888) 739-2749



MoneyGram®

Chapter 13 Trustee payments have never been easier!

With TFS & MoneyGram, you can get your
required payments to your Trustee
quickly and easily!

Get started today
by ~~calling your attorney~~
~~or~~ requesting a card
at (888) 739-2749.



Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF FLORIDA

Case number (if known)

Chapter you are filing under:

☐ Chapter 7☐ Chapter 11☐ Chapter 12☒ Chapter 13☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Alycia

First name

Terese

Middle name

Glonet

Last name and Suffix (Sr., Jr., II, III)

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-3306

Debtor 1 **Alycia Terese Gionet**

Case number (if known)

About Debtor 1:**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**☒ I have not used any business name or EINs.

Include trade names and doing business as names

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case):☐ I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live**7730 Plantation Bay Dr, Apt 510
Jacksonville, FL 32244-5191**

Number, Street, City, State & ZIP Code

Duval

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Alycia Terese Glonet

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*
- ☐ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☒ Chapter 13
-
8. How you will pay the fee ☒ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
-
9. Have you filed for bankruptcy within the last 8 years?
- ☒ No
- ☐ Yes.
- | | | |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
-
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?
- ☒ No
- ☐ Yes.
- | | |
|---------------------------|-----------------------------|
| Debtor _____ | Relationship to you _____ |
| District _____ When _____ | Case number, if known _____ |
| Debtor _____ | Relationship to you _____ |
| District _____ When _____ | Case number, if known _____ |
-
11. Do you rent your residence?
- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Alycia Terese Gionet

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

☒ No.

Go to Part 4.

☐ Yes.

Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any _____

Number, Street, City, State & ZIP Code _____

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

☒ No.

I am not filing under Chapter 11.

☐ No.

I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes.

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☒ No.☐ Yes.

What is the hazard? _____

If immediate attention is needed, why is it needed? _____

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property? _____

Number, Street, City, State & Zip Code _____

Debtor 1 **Alycia Terese Gionet**

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:
- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
 - ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
 - ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:
- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
 - ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
 - ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Alycia Terese Gionet

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?
- 16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.
- ☒ Yes. Go to line 17.
- 16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
- ☐ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer debts or business debts
-
17. Are you filing under Chapter 7?
- ☒ No. I am not filing under Chapter 7. Go to line 18.
- Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?
- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☐ No
- ☐ Yes
-
18. How many Creditors do you estimate that you owe?
- ☒ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000
- ☐ 50-99 ☐ 5,001-10,000 ☐ 50,001-100,000
- ☐ 100-199 ☐ 10,001-25,000 ☐ More than 100,000
- ☐ 200-999
-
19. How much do you estimate your assets to be worth?
- ☒ \$0 - \$50,000 ☐ \$1,000,001 - \$10 million ☐ \$500,000,001 - \$1 billion
- ☐ \$50,001 - \$100,000 ☐ \$10,000,001 - \$50 million ☐ \$1,000,000,001 - \$10 billion
- ☐ \$100,001 - \$500,000 ☐ \$50,000,001 - \$100 million ☐ \$10,000,000,001 - \$50 billion
- ☐ \$500,001 - \$1 million ☐ \$100,000,001 - \$500 million ☐ More than \$50 billion
-
20. How much do you estimate your liabilities to be?
- ☐ \$0 - \$50,000 ☐ \$1,000,001 - \$10 million ☐ \$500,000,001 - \$1 billion
- ☒ \$50,001 - \$100,000 ☐ \$10,000,001 - \$50 million ☐ \$1,000,000,001 - \$10 billion
- ☐ \$100,001 - \$500,000 ☐ \$50,000,001 - \$100 million ☐ \$10,000,000,001 - \$50 billion
- ☐ \$500,001 - \$1 million ☐ \$100,000,001 - \$500 million ☐ More than \$50 billion

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Alycia Terese Gionet

Alycia Terese Gionet

Signature of Debtor 1

Signature of Debtor 2

Executed on November 30, 2017MM / DD / YYYY

Executed on

MM / DD / YYYY

Debtor 1 Alycia Terese Gionet

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Kevin B. Paysinger

Date

November 30, 2017

Signature of Attorney for Debtor

MM / DD / YYYY

Kevin B. Paysinger

Printed name

Lansing Roy, PA

Firm name

1710 Shadowood Ln Ste 210Jacksonville, FL 32207-2184

Number, Street, City, State & ZIP Code

Contact phone 904-391-0030

Email address

information@lansingroy.com0056742

Bar number & State

Fill in this information to identify your case:

Debtor 1	Alycia Terese Gionet		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF FLORIDA		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ 20,374.40
1c. Copy line 63, Total of all property on Schedule A/B.....	\$ 20,374.40

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D...	\$ 9,784.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ 0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	\$ 48,453.00
Your total liabilities	\$ 58,237.00

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I.....	\$ 4,911.58
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of Schedule J.....	\$ 3,491.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. What kind of debt do you have?
- ☒ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Alycia Terese Gionet

Case number (if known) _____

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 5,646.95

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

From Part 4 on *Schedule E/F*, copy the following:

Total claim

9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f	\$ <u>0.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	Alycia Terese Gionet		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA			
Case number			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make: **Volkswagon**
 Model: **GTI Driver's Edition**
 Year: **2013**
 Approximate mileage: **64,000**
 Other information:

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

☐ Check if this is community property (see instructions)

\$14,000.00

\$14,000.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$14,000.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

Official Form 106A/B

Schedule A/B: Property

page 1

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Best Case Bankruptcy

Debtor 1 Alycia Terese Gionet

Case number (if known) _____

☒ Yes. Describe.....Miscellaneous household goods (see attached list)\$775.00**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe.....Miscellaneous electronics (see attached list)\$1,250.00**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.....**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis, canoes and kayaks; carpentry tools; musical instruments☐ No☒ Yes. Describe.....Paddle board, camping gear, bicycle\$1,050.00**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.....Women's used clothes\$25.00**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.....Miscellaneous jewelry\$200.00**13. Non-farm animals***Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**\$3,300.00

Client Last Name _____

LISTING OF HOUSEHOLD GOODS AND FURNISHINGS
(Room by Room)
Schedule B

[If you don't have an item, please leave it blank; if an item you have in your home isn't listed, please add it.]	VALUE
LIVING ROOM:	
Sofa	50
Loveseat	25
Chair	
Table(s) (Type & number)	1 table - \$10
Lamp(s) (How many)	
Area Rugs	
Bookcase(s)/Entertainment Center	25
Other:	
TV Stand	40
Curtains	30
DINING ROOM:	
Dining /Dinette Table & <u>6</u> Chairs	100
Hutch	
Buffet	
MASTER BEDROOM:	
Bed (Size; headboard/footboard or frame only) <small>Queen Bed/Headboard/Footboard</small>	150
Dresser(s)	40
Chest(s)	
Night stand(s)	40
Mirror	15
BEDROOM 2 :	
Bed (Size; headboard/footboard or frame only)	
Dresser(s)	
Chest(s)	

Rev. 9/10/15

Client Last Name

DEN/FAMILY ROOM:		
Sofa/Loveseat		
Chair		
KITCHEN:		
Refrigerator	RENTER	
Stove	RENTER	
Microwave	RENTER	
Assorted Small Appliances (Circle): Toaster, Coffeemaker, Blender, Food Processor		
All Items listed Above		40
Dishes and Silverware		50
Assorted Pots and Pans		100
Kitchen table & chairs		
MISCELLANEOUS:		
Lawnmower		
Garden tools		
Linens		30
Washer & Dryer	RENTER	
Telephone(s)		
Vacuum Cleaner		30
ELECTRONICS:		
Television(s) (Size & Brand)	42" VIZIO	100
VCR/DVD/Blu-Ray Players/Recorders		
Stereo/mp3 Players/Satellite Radios		
Compact Discs		
DVD/Blu-Ray Discs		
Cameras/Camcorders	GO PRO HERO 4	150
Computer (Tower/Laptop/Notebook)	11" MACBOOK AIR	500
Tablets (i.e. Kindle, iPad, other)	I PAD MINI	100
Smart Phones/Cell Phones	IPHONE 7	400
Game Systems		

Rev. 9/10/15

Debtor 1 **Alycia Terese Gionet**

Case number (if known)

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☒ No☐ Yes**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes

Institution name:

17.1. **Checking****Vystar Credit Union checking acct 9241****\$2,531.27**17.2. **Savings****Vystar Credit Union savings acct 5687****\$5.03****18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific information about them.

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☐ No☒ Yes. List each account separately.

Type of account:

Institution name:

Thrift Saving**Thrift Savings Plan****\$538.10****22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes

Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

Official Form 106A/B

Schedule A/B: Property

page 3

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Best Case Bankruptcy

Debtor 1 Alycia Terese Gionet

Case number (if known) _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☐ No☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements☐ No☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☐ No☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

28. Tax refunds owed to you

☐ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☐ No☐ Yes. Give specific information. _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits, unpaid loans you made to someone else☐ No☐ Yes. Give specific information. _____

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☐ No☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☐ No☐ Yes. Give specific information. _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue☐ No☐ Yes. Describe each claim. _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☐ No☐ Yes. Describe each claim. _____

35. Any financial assets you did not already list

☐ No☐ Yes. Give specific information. _____

Debtor 1 Alycia Terese Gionet

Case number (if known) _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$3,074.40**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?
 Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00**Part 8: List the Totals of Each Part of this Form**

- | | | |
|--|--------------------|---|
| 55. Part 1: Total real estate, line 2 | | \$0.00 |
| 56. Part 2: Total vehicles, line 5 | \$14,000.00 | |
| 57. Part 3: Total personal and household items, line 15 | \$3,300.00 | |
| 58. Part 4: Total financial assets, line 36 | \$3,074.40 | |
| 59. Part 5: Total business-related property, line 45 | \$0.00 | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | |
| 61. Part 7: Total other property not listed, line 54 | \$0.00 | |
| 62. Total personal property. Add lines 56 through 61... | \$20,374.40 | Copy personal property total \$20,374.40 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | | \$20,374.40 |

Fill in this information to identify your case:

Debtor 1 **Alycia Terese Glonet**

First Name Middle Name Last Name

Debtor 2

(Spouse if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**

Case number

(if known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
2013 Volkswagen GTI Driver's Edition 64,000 miles Line from <i>Schedule A/B</i> : 3.1	\$14,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(1)
2013 Volkswagen GTI Driver's Edition 64,000 miles Line from <i>Schedule A/B</i> : 3.1	\$14,000.00	<input checked="" type="checkbox"/> \$3,216.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(4)
Miscellaneous household goods (see attached list) Line from <i>Schedule A/B</i> : 6.1	\$775.00	<input checked="" type="checkbox"/> \$775.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(4)
Miscellaneous electronics (see attached list) Line from <i>Schedule A/B</i> : 7.1	\$1,250.00	<input checked="" type="checkbox"/> \$709.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2)
Miscellaneous electronics (see attached list) Line from <i>Schedule A/B</i> : 7.1	\$1,250.00	<input checked="" type="checkbox"/> \$9.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(4)

Debtor 1 **Alycia Terese Gionet**

Case number (if known)

Brief description of the property and line on
Schedule A/B that lists this propertyCurrent value of the
portion you ownCopy the value from
Schedule A/B

Amount of the exemption you claim

Check only one box for each exemption.

Specific laws that allow exemption

**Checking: Vystar Credit Union
checking acct 9241**

Line from Schedule A/B: 17.1

\$2,531.27**\$291.00****Fla. Const. art. X, § 4(a)(2)**100% of fair market value, up to
any applicable statutory limit**Thrift Saving: Thrift Savings Plan**

Line from Schedule A/B: 21.1

\$538.10**100%****Fla. Stat. Ann. § 222.21(2)**100% of fair market value, up to
any applicable statutory limit**3. Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?☐ No☐ Yes

Fill in this information to identify your case:

Debtor 1	Alycia Terese Gionet		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion if any
\$9,784.00	\$14,000.00	\$0.00

2.1 VOLKSWAGEN CREDIT, INC.

Creditor's Name

Describe the property that secures the claim:

2013 Volkswagon GTI Driver's Edition 64,000 miles

PO BOX 3
HILLSBORO, OR 97123

Number, Street, City, State & Zip Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset)

Who owes the debt? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim relates to a community debt

Opened
05/13 LastDate debt was incurred **Active 11/17**Last 4 digits of account number **4918**

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$9,784.00**\$9,784.00**

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	Alycia Terese Gionet		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF FLORIDA		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☒ No. Go to Part 2.

☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	BANK OF AMERICA Nonpriority Creditor's Name NC4-105-03-14 PO BOX 26012 GREENSBORO, NC 27410 Number Street City State Zip Code Who Incurred the debt? Check one: <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2422 When was the debt incurred? Opened 06/07 Last Active 09/15 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$3,648.00

Debtor 1 **Alycia Terese Glonet**

Case number (if know)

4.2	COMENITY BANK/ABERCROMBIE Nonpriority Creditor's Name PO BOX 182125 Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7399 When was the debt incurred? Opened 10/11 Last Active 12/15 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	\$561.00
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4.3	COMENITY BANK/VICTORIA'S Nonpriority Creditor's Name PO BOX 182125 COLUMBUS, OH 43218-2125 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CHARGE ACCOUNT	Unknown
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4.4	JARED GALLERIA OF JEWELERS Nonpriority Creditor's Name PO BOX 1799 Akron, OH 44309 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2166 When was the debt incurred? Opened 3/25/10 Last Active 10/15 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	Unknown
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Debtor 1 **Alycia Terese Gionet**

Case number (if know)

4.5

MILITARY STAR-EXCHANGE CREDIT

Nonpriority Creditor's Name

**PO BOX 650410
DALLAS, TX 75265-0410**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9552****\$5,827.00**When was the debt incurred? **Opened 09/08 Last Active 10/31/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
 Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Charge Account**

4.6

MILITARY STAR-EXCHANGE CREDIT

Nonpriority Creditor's Name

**PO BOX 650410
DALLAS, TX 75265-0410**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5594****\$1,114.00**When was the debt incurred? **Opened 08/10 Last Active 11/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
 Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Charge Account**

4.7

NAVY FEDERAL CREDIT UNION

Nonpriority Creditor's Name

**ATTN: BANKRUPTCY
PO BOX 3000
Merrifield, VA 22119-3000**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1095****\$30,900.00**When was the debt incurred? **Opened 12/14 Last Active 8/14/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
 Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Unsecured Loan**

Debtor 1 Alycia Terese Glonet

Case number (if know) _____

4.8

NAVY FEDERAL CREDIT UNION

Nonpriority Creditor's Name

ATTN: BANKRUPTCY**PO BOX 3000****Merrifield, VA 22119-3000**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0386\$4,214.00Opened 08/10 Last ActiveWhen was the debt incurred? 9/17/15

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card

4.9

SYNCHRONY BANK/AMERICAN EAGLE

Nonpriority Creditor's Name

PO BOX 965003**ORLANDO, FL 32896-5003**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0319UnknownOpened 2/11/11 Last ActiveWhen was the debt incurred? 1/01/15

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Charge Account

4.10

SYNCHRONY BANK/WALMART

Nonpriority Creditor's Name

ATTN BANKRUPTCY DEPT**PO BOX 965060****ORLANDO, FL 32896-5060**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0220\$2,189.00Opened 09/14 Last ActiveWhen was the debt incurred? 10/15

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Charge Account

Debtor 1 **Alycia Terese Gionet**

Case number (if known)

4.1
1**VINTAGE AT PLAN**Last 4 digits of account number **0015****Unknown**

Nonpriority Creditor's Name

**c/o PROFESSIONAL DEBT
MEDIATIO****7948 BAY MEADOWS WAY, 2ND FL
JACKSONVILLE, FL 32256**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community
debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

**Opened 10/15 Last Active
08/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Disputed collection****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Payment Management Services
495 Commerce Drive
Buffalo, NY 14228**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one)☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	0.00
	6b. Taxes and certain other debts you owe the government	6b. \$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$	0.00
Total claims from Part 2	6f. Student loans	6f. \$	0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$	48,453.00
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$	48,453.00

Fill in this information to identify your case:

Debtor 1	Alycia Terese Gionet		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA			
Case number _____ (If known)			

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 **Vintage Plantation, LLC**
c/o South Oxford Management
7740 Plantation Bay Drive
Jacksonville, FL 32244

Residential lease - Debtor is tenant

Fill in this information to identify your case:

Debtor 1	Alycia Terese Gionet		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF FLORIDA		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
 Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
 Check all schedules that apply:

3.1

Name _____
 Number _____
 City _____ State _____ ZIP Code _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name _____
 Number _____
 City _____ State _____ ZIP Code _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	<u>Alycia Terese Gionet</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<u>MIDDLE DISTRICT OF FLORIDA</u>
Case number (if known)	

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

☒ Employed☐ Not employed

E6

United States Navy

Debtor 2 or non-filing spouse

☐ Employed☐ Not employedHow long employed there? 10 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$ 5,615.59	\$ N/A
3. Estimate and list monthly overtime pay.	3.	+\$ 0.00	+\$ N/A
4. Calculate gross income. Add line 2 + line 3.	4.	\$ 5,615.59	\$ N/A

Debtor 1 Alycia Terese Gionet

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 5,615.59	\$ N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 670.01	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 0.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify: <u>Life Insurance</u>	5h. \$ 34.00	\$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 704.01	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 4,911.58	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A
8e. Social Security	8e. \$ 0.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify:	8h. \$ 0.00	\$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 4,911.58 + \$ N/A = \$ 4,911.58	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 4,911.58	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case

Debtor 1 Alycia Terese GlonetDebtor 2
(Spouse, if filing)United States Bankruptcy Court for the MIDDLE DISTRICT OF FLORIDACase number
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.☐ Yes. Does Debtor 2 live in a separate household?☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,130.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 Alycia Terese Gionet

Case number (if known) _____

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	150.00
6b. Water, sewer, garbage collection	6b. \$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	285.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	550.00
8. Childcare and children's education costs	8. \$	0.00
9. Clothing, laundry, and dry cleaning	9. \$	150.00
10. Personal care products and services	10. \$	50.00
11. Medical and dental expenses	11. \$	20.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	150.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	200.00
14. Charitable contributions and religious donations	14. \$	105.00
15. Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	120.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$	0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	531.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00
19. Other payments you make to support others who do not live with you.	\$	0.00
Specify: _____	19.	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: <u>Vehicle Maintenance</u>	21. +\$	50.00
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	3,491.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	3,491.00
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	4,911.58
23b. Copy your monthly expenses from line 22c above.	23b. -\$	3,491.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$	1,420.58
24. Do you expect an increase or decrease in your expenses within the year after you file this form?		
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain here: _____		

Fill in this information to identify your case:

Debtor 1	<u>Alycia Terese Gionet</u>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>MIDDLE DISTRICT OF FLORIDA</u>		
Case number (If known)			

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

 Attach Bankruptcy Petition Preparer's Notice,
Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Alycia Terese Gionet
 Alycia Terese Gionet
Signature of Debtor 1
Date November 30, 2017

X _____

Signature of Debtor 2

Date _____

Fill in this information to identify your case:

Debtor 1	Alycia Terese Gionet		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF FLORIDA		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

7730 Plantation Bay Drive Apt 104
 Jacksonville, FL 32244

Dates Debtor 1
lived there

From-To:
 8/2014 - 8/2015

Debtor 2 Prior Address:

☐ Same as Debtor 1
Dates Debtor 2
lived there
☐ Same as Debtor 1
 From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

Debtor 1

Sources of Income
Check all that apply.Gross Income
(before deductions and
exclusions)

Debtor 2

Sources of Income
Check all that apply.Gross income
(before deductions
and exclusions)From January 1 of current year until
the date you filed for bankruptcy:

- ☒ Wages, commissions,
bonuses, tips
☐ Operating a business

\$61,421.12

- ☐ Wages, commissions,
bonuses, tips
☐ Operating a business

Debtor 1 Alycia Terese Gionet

Case number (if known) _____

	Debtor 1 Sources of Income Check all that apply.	Gross Income (before deductions and exclusions)	Debtor 2 Sources of Income Check all that apply.	Gross Income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2016)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$36,106.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, 2015)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$33,542.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 Sources of Income Describe below.	Gross Income from each source (before deductions and exclusions)	Debtor 2 Sources of Income Describe below.	Gross Income (before deductions and exclusions)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- ☐ No. Go to line 7.
☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.
☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
VOLKSWAGEN CREDIT, INC PO BOX 3 HILLSBORO, OR 97123	Last 90 days	\$1,593.00	\$9,784.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other__

Debtor 1 **Alycia Terese Gionet**

Case number (if known)

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
MILITARY STAR-EXCHANGE CREDIT PO BOX 650410 DALLAS, TX 75265-0410	Last 90 days	\$726.00	\$5,827.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor, 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No
☐ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
---------------------------	--------------------	-----------------	--------------------

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Debtor 1 Alycia Terese Gionet

Case number (if known)

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift and Address:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Describe what you contributed

Dates you contributed

Value

Charity's Name

Address (Number, Street, City, State and ZIP Code)

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your loss

Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.

Person Who Was Paid

Address

Email or website address

Person Who Made the Payment, If Not You

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Lansing Roy, PA
1710 Shadowood Ln Ste 210
Jacksonville, FL 32207-2184
information@lansingroy.com

Attorney Fees & Costs

8/2/17
8/14/17
9/28/17

\$1,550.00

ACCESS COUNSELING, INC.

Credit Counseling

8/29/17

\$14.95

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No☐ Yes. Fill in the details.Person Who Was Paid
Address

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Debtor 1 Alycia Terese Glonet

Case number (if known)

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

☐ No☒ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you Unknown	Debtor sold a compound bow	\$300.00	9/2016
None			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

☒ No☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☐ No☒ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
---	---	-----------------------	-------

Debtor 1 Alycia Terese Gionet

Case number (if known)

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Vintage Plantation, LLC c/o South Oxford Management 7740 Plantation Bay Drive Jacksonville, FL 32244	Debtor's residence	Kitchen appliances, washer/dryer	Unknown

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☒ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☒ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☒ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
---	--	--	-----------------------

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
---	--	--	-----------------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
----------------------------------	--	---------------------------	---------------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

Debtor 1 Alycia Terese Gionet

Case number (if known) _____

☒ No. None of the above applies. Go to Part 12.☐ Yes. Check all that apply above and fill in the details below for each business.**Business Name****Describe the nature of the business****Employer Identification number****Address****Do not include Social Security number or ITIN.**

(Number, Street, City, State and ZIP Code)

Name of accountant or bookkeeper**Dates business existed**

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No☐ Yes. Fill in the details below.**Name****Date Issued****Address**

(Number, Street, City, State and ZIP Code)

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Alycia Terese Gionet

Alycia Terese Gionet

Signature of Debtor 1

Signature of Debtor 2Date November 30, 2017

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?☒ No☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No☐ Yes. Name of Person _____ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case.

Debtor 1 Alycia Terese GionetDebtor 2
(Spouse, if filing)United States Bankruptcy Court for the Middle District of FloridaCase number
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3)
- ☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3)
- ☐ 3. The commitment period is 3 years
- ☒ 4. The commitment period is 5 years

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income
and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.☒ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case, 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 5,646.95	\$ 0.00
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here → \$ 0.00
6. Net income from rental and other real property	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here → \$ 0.00

Debtor 1 **Alycia Terese Gionet**

Case number (if known)

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00
8. Unemployment compensation	\$ 0.00	\$ 0.00
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you	\$ 0.00	
For your spouse	\$ 0.00	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$ 0.00
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00
Total amounts from separate pages, if any.	+ \$ 0.00	\$ 0.00
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 5,646.95	+ \$ 0.00 = \$ 5,646.95
		Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11.	\$ 5,646.95
13. Calculate the marital adjustment. Check one:	
<input type="checkbox"/> You are not married. Fill in 0 below.	
<input type="checkbox"/> You are married and your spouse is filing with you. Fill in 0 below.	
<input checked="" type="checkbox"/> You are married and your spouse is not filing with you.	
Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.	
If this adjustment does not apply, enter 0 below.	
	\$
	\$
	+\$
Total	\$ 0.00
	Copy here=>
	0.00
14. Your current monthly income. Subtract line 13 from line 12.	\$ 5,646.95
15. Calculate your current monthly income for the year. Follow these steps:	
15a. Copy line 14 here=>	\$ 5,646.95
Multiply line 15a by 12 (the number of months in a year).	x 12
15b. The result is your current monthly income for the year for this part of the form.	\$ 67,763.40

Debtor 1 **Alycia Terese Gionet**

Case number (if known)

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live.

FL

16b. Fill in the number of people in your household.

1

16c. Fill in the median family income for your state and size of household.

\$ 44,576.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3. Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3 and fill out *Calculation of Your Disposable Income* (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

18. Copy your total average monthly income from line 11.

\$ 5,646.95

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ 0.00

19b. Subtract line 19a from line 18.

\$ 5,646.95**20. Calculate your current monthly income for the year. Follow these steps:**

20a. Copy line 19b

\$ 5,646.95

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

\$ 67,763.40

20c. Copy the median family income for your state and size of household from line 16c

\$ 44,576.00**21. How do the lines compare?**☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.☒ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Alycia Terese Gionet**Alycia Terese Gionet**

Signature of Debtor 1

Date **November 30, 2017**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1 Alycia Terese GionetDebtor 2
(Spouse, if filing)United States Bankruptcy Court for the: Middle District of FloridaCase number
(if known)☐ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ 639.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1 Alycia Terese Glonst

Case number (if known) _____

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$ 49
 7b. Number of people who are under 65 X 1
 7c. Subtotal. Multiply line 7a by line 7b. \$ 49.00 Copy here=> \$ 49.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$ 117
 7e. Number of people who are 65 or older X 0
 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> \$ 0.00

7g. Total. Add line 7c and line 7f \$ 49.00 Copy total here=> \$ 49.00

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

☒ **Housing and utilities - Insurance and operating expenses**☒ **Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 473.009. **Housing and utilities - Mortgage or rent expenses:**9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 907.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
-NONE-	\$ <u>0.00</u>

9b. Total average monthly payment \$ 0.00 Copy here=> -\$ 0.00 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$ 907.00 Copy here=> \$ 907.0010. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00

Explain why: _____

Debtor 1 **Alycia Terese Gionet**

Case number (if known)

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.☐ 0. Go to line 14.☒ 1. Go to line 12.☐ 2 or more. Go to line 12.**12. Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ **215.00****13. Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.**Vehicle 1** Describe Vehicle 1: **2013 Volkswagen GTI Driver's Edition 64,000 miles****13a. Ownership or leasing costs using IRS Local Standard** \$ **485.00****13b. Average monthly payment for all debts secured by Vehicle 1.**

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
VOLKSWAGEN CREDIT, INC	\$ 194.67

Total Average Monthly Payment \$ **194.67** Copy here => -\$ **194.67** Repeat this amount on line 33b.**13c. Net Vehicle 1 ownership or lease expense**

Subtract line 13b from line 13a. If this number is less than \$0, enter \$0.

\$ **290.33** Copy net Vehicle 1 expense here => \$ **290.33****Vehicle 2** Describe Vehicle 2:**13d. Ownership or leasing costs using IRS Local Standard** \$ **0.00****13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.**

Name of each creditor for Vehicle 2	Average monthly payment
	\$

Total average monthly payment \$ Copy here => -\$ **0.00** Repeat this amount on line 33c.**13f. Net Vehicle 2 ownership or lease expense**

Subtract line 13e from line 13d. If this number is less than \$0, enter \$0.

\$ **0.00** Copy net Vehicle 2 expense here => \$ **0.00****14. Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ **0.00****15. Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ **0.00**

Debtor 1 **Alycia Teresa Gionet**

Case number (if known)

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. \$ **657.41**
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ **0.00**
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ **34.00**
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ **0.00**
20. **Education:** The total monthly amount that you pay for education that is either required:
☐ as a condition for your job, or
☐ for your physically or mentally challenged dependent child if no public education is available for similar services. \$ **0.00**
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. \$ **0.00**
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. \$ **0.00**
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. +\$ **0.00**
24. **Add all of the expenses allowed under the IRS expense allowances.** Add lines 6 through 23. \$ **3,264.74**

Additional Expense Deductions These are additional deductions allowed by the Means Test.
Note: Do not include any expense allowances listed in lines 6-24.

- 25.
- Health Insurance, disability insurance, and health savings account expenses.**
- The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ **0.00**Disability insurance \$ **0.00**Health savings account + \$ **0.00**Total \$ **0.00** Copy total here=> \$ **0.00**

Do you actually spend this total amount?

☐ No. How much do you actually spend?☒ Yes

\$

- 26.
- Continued contributions to the care of household or family members.**
- The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) \$
- 0.00**

- 27.
- Protection against family violence.**
- The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$
- 0.00**

By law, the court must keep the nature of these expenses confidential.

Debtor 1 **Alycia Terese Gionet**

Case number (if known)

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.

\$ 0.00

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).

Do not include any amount more than 15% of your gross monthly income.

\$ 105.00

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ 105.00

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home

Average monthly payment

33a. Copy line 9b here => \$ 0.00

Loans on your first two vehicles

33b. Copy line 13b here => \$ 194.67

33c. Copy line 13e here => \$ 0.00

- 33d. List other secured debts:

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

☐ No

☐ Yes

\$

☐ No

☐ Yes

\$

☐ No

☐ Yes

+

\$

-NONE-

- 33e. **Total average monthly payment.** Add lines 33a through 33d

\$ 194.67

Copy total here=>

\$ 194.67

Debtor 1 Alycia Terese Gionet

Case number (if known)

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

☒ No. Go to line 35.

☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
-NONE-		\$	+ 60 = \$
		Total \$ 0.00	Copy total here=> \$ 0.00

35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☒ No. Go to line 36.

☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims

\$ 0.00 + 60 \$ 0.00

36. Projected monthly Chapter 13 plan payment.

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).
To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

X

Average monthly administrative expense

\$ Copy total here=> \$

37. Add all of the deductions for debt payment.
Add lines 33e through 36.

\$ 194.67

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances

\$ 3,264.74

Copy line 32, All of the additional expense deductions

\$ 105.00

Copy line 37, All of the deductions for debt payment

+\$ 194.67

Total deductions.....

\$ 3,564.41

Copy total here=>

\$ 3,564.41

Debtor: **Alycia Terese Gionet**

Case number (if known):

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period. \$ **5,646.95**

40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ **0.00**

41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ **0.00**

42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => \$ **3,564.41**

43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances

Amount of expense

\$ _____
\$ _____
\$ _____

Total \$ **0.00**Copy here=> \$ **0.00**

44. Total adjustments. Add lines 40 through 43. => \$ **3,564.41** Copy here=> -\$ **3,564.41**

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. \$ **2,082.54**

Part 3: Change in Income or Expenses

46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$ _____

Debtor 1 Alycia Terese Gionet

Case number (if known) _____

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Alycia Terese Gionet

Alycia Terese Gionet

Signature of Debtor 1

Date November 30, 2017

MM / DD / YYYY

**United States Bankruptcy Court
Middle District of Florida**

In re Alycia Terese Gionet

Debtor(s)

Case No.
Chapter

13

VERIFICATION OF CREDITOR MATRIX

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: November 30, 2017

/s/ Alycia Terese Gionet
Alycia Terese Gionet
Signature of Debtor

ALYCIA TERESE GIONET
7730 PLANTATION BAY DR, APT 510
JACKSONVILLE FL 32244-5191

SYNCHRONY BANK/WALMART
ATTN BANKRUPTCY DEPT
PO BOX 965060
ORLANDO FL 32896-5060

KEVIN B. PAYSINGER
LANSING ROY, PA
1710 SHADOWOOD LN STE 210
JACKSONVILLE, FL 32207-2184

VINTAGE AT PLAN
C/O PROFESSIONAL DEBT MEDIATIO
7948 BAY MEADOWS WAY, 2ND FL
JACKSONVILLE FL 32256

BANK OF AMERICA
NC4-105-03-14
PO BOX 26012
GREENSBORO NC 27410

VINTAGE PLANTATION, LLC
C/O SOUTH OXFORD MANAGEMENT
7740 PLANTATION BAY DRIVE
JACKSONVILLE FL 32244

COMENITY BANK/ABERCROMBIE
PO BOX 182125
COLUMBUS OH 43218

VOLKSWAGEN CREDIT, INC
PO BOX 3
HILLSBORO OR 97123

COMENITY BANK/VICTORIA'S
PO BOX 182125
COLUMBUS OH 43218-2125

JARED GALLERIA OF JEWELERS
PO BOX 1799
AKRON OH 44309

MILITARY STAR-EXCHANGE CREDIT
PO BOX 650410
DALLAS TX 75265-0410

NAVY FEDERAL CREDIT UNION
ATTN: BANKRUPTCY
PO BOX 3000
MERRIFIELD VA 22119-3000

PAYMENT MANAGEMENT SERVICES
495 COMMERCE DRIVE
BUFFALO NY 14228

SYNCHRONY BANK/AMERICAN EAGLE
PO BOX 965003
ORLANDO FL 32896-5003

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
Middle District of Florida**

In re Alycia Terese Gionet

Debtor(s)

Case No.

Chapter 13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- | | | |
|---|----|-----------------|
| For legal services, I have agreed to accept | \$ | <u>3,500.00</u> |
| Prior to the filing of this statement I have received | \$ | <u>1,000.00</u> |
| Balance Due | \$ | <u>2,500.00</u> |
2. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is:
☐ Debtor ☒ Other (specify): **Balance of fees shall be paid through Chapter 13 plan.**
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]
- The above fee covers representation for the entire case and no additional charge for attorney fees except as set forth below.**
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representing client in an adversarial matter related to the Chapter 13, included but not limited to: adversary proceedings not listed above, objections to exemptions, motions for turnover, motions to dismiss for bad faith or substantial abuse, any amendments to documents filed before the Court, motions to vacate orders dismissing the Client's case, and amendments to the Client's Chapter 13 plan after it has been confirmed by the Court.

Debtor_____
Date_____
Joint Debtor_____
Date

In re Alycia Terese Gionet

Debtor(s)

Case No. _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

November 30, 2017*Date*/s/ Kevin B. PaysingerKevin B. Paysinger 0056742*Signature of Attorney*Lansing Roy, PA1710 Shadowood Ln Ste 210Jacksonville, FL 32207-2184904-391-0030 Fax: 904-391-0031Information@lansingroy.com*Name of law firm*

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ADMINISTRATIVE MESSAGE

ROUTINE

R 240212Z NOV 17 ZYB

FM COMNAVPERSCOM MILLINGTON TN

TO TRANSITPERSU PCF JACKSONVILLE FL
FAIRECONRON FOUR

INFO PERSUPP DET JACKSONVILLE FL
PERSUPP DET NAVSUPPACT MEMPHIS TN
NAS JACKSONVILLE FL
CNIC WASHINGTON DC
NAVSUP GLOBAL LOG SPT SAN DIEGO CA

BT

UNCLAS FOUO //N01300//

PASS TO OFFICE CODES:

FM COMNAVPERSCOM MILLINGTON TN//PERS404DG2// PERS455//

MSGID/GENADMIN/NPC//

SUBJ/OPERATIONAL SCREENING REQUIREMENT NOTIFICATION ICO/
AD1 ALYCIA TERESE GIONET//

REF/A/DOC/MILPERSMAN/1300-800//

REF/B/DOC/BUMEDINST 1300.2//

REF/C/DOC/NAVADMIN 159/17//

NARR/REF A IS REQUIREMENT TO CONDUCT OPERATIONAL SCREENING, REF B IS MEDICAL REQUIREMENTS FOR OPERATIONAL SCREENING, REF C IS NAVADMIN THAT OUTLINES ADDITIONAL PROCEDURES THAT CAN BE PERFORMED WITH LOIS.//

RMKS/1. THIS MESSAGE IS BEING SENT TO INFORM YOUR COMMAND THAT
AD1 ALYCIA TERESE GIONET HAS BEEN SELECTED FOR ASSIGNMENT TO 42065 VQ 4 SEADU DET.

2. THIS LETTER OF INTENT SUPERSEDES ANY PREVIOUS LETTERS OF INTENT.
YOUR COMMAND HAS 30 DAYS FROM RECEIPT OF THIS MESSAGE FOR
AD1 ALYCIA TERESE GIONET TO COMPLETE OPERATION SCREENING IAW REF A AND B.

3. MEDICAL SCREENING MAY NECESSITATE ADDITIONAL APPOINTMENTS; THEREFORE IT IS CRITICAL THE SERVICE MEMBER INITIATES THIS ACTION IMMEDIATELY. REF B DIRECTIVES AND FORMS ARE AVAILABLE AT:

[HTTP://WWW.MED.NAVY.MIL/PAGES/DEFAULT.ASPX](http://www.med.navy.mil/pages/default.aspx).

4. ALL SCREENINGS REPORTED AS UNSUITABLE IAW REF A WILL BE FORWARDED TO THE APPICABLE DETAILER AND FOR ENLISTED INFO PERS 40BB.

5. THIS LOI AUTHORIZES MEMBERS TO COORDINATE WITH CHILD CARE FACILITIES AT THE ULTIMATE DUTY STATION, AND TO CONDUCT HOUSE HUNTING LEAVE. HOWEVER, THIS LOI IS NOT AN AUTHORIZATION TO OBLIGATE PCS FUNDING. THE PURCHASE OF AIRLINE TICKETS, PAYMENT FOR RENTAL CARS, OR OTHER SERVICES IN CONJUNCTION WITH PCS TRANSFER PRIOR TO THE RECEIPT OF PCS ORDERS WILL NOT BE REIMBURSED. DETAILED GUIDANCE CAN BE FOUND IN REF /C/.

6. THIS LOI AUTHORIZES MEMBERS TO COORDINATE WITH THE LOCAL HOUSING OFFICE OR ACCESS DEFENSE PERSONAL PROPERTY SYSTEM TO BEGIN THE COUNSELING AND APPLICATION PROCESS FOR THE MOVEMENT OF HOUSEHOLD GOODS (HHG). HOWEVER THIS LOI IS NOT AN AUTHORIZATION TO OBLIGATE PCS FUNDING, SO YOUR PICKUP DATE FOR MOVEMENT OF HHG CANNOT BE SECURED WITH A CARRIER UNTIL ORDERS ARE ISSUED. MEMBERS CONDUCTING PPM (DITY) MOVES PRIOR TO THE RECEIPT OF PCS ORDERS WILL NOT BE REIMBURSED. FOR QUESTIONS ON PCS ENTITLEMENTS, CONTACT THE NAVSUP HHG TEAM AT HOUSEHOLDGOODS@NAVY.MIL OR CALL 855-444-6683. ADDITIONAL HHG MOVEMENT INFORMATION CAN BE FOUND AT THESE FOLLOWING WEBSITES:

[HTTPS://WWW.NAVSUP.NAVY.MIL/HOUSEHOLD](https://www.navsup.navy.mil/household) AND [HTTPS://WWW.USTRANSCOM.MIL/DTR/PART-IV/DTR_PART_IV_APP_K_1.PDF](https://www.ustranscom.mil/dtr/part-iv/dtr_part_iv_app_k_1.pdf).

7. IT IS THE COMMAND'S RESPONSIBILITY TO DELIVER NOTIFICATION TO ALL CONCERNED. THIS MESSAGE HAS BEEN SENT IN A SECURE ENVIRONMENT.

HOWEVER, IF IT MUST BE FORWARDED VIA EMAIL TO PERSON/S/ WITH A NEED TO KNOW, YOU MUST ENSURE PROPER SAFEGUARDS ARE TAKEN TO PROTECT THE CONTENTS SINCE IT MAY CONTAIN SENSITIVE PII.

SIGNED

J. F. MEIER

COMNAVPERSCOM PERS-4 //

BT

#0131

NNNN

<DmdsSecurity>UNCLASSIFIED//FOR OFFICIAL USE ONLY.</DmdsSecurity>

<DmdsReleaser>BUPERS.NPC.GOES.9010005976</DmdsReleaser>

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EXHIBIT 2

OPERATIONAL SUITABILITY REPORT

(Attach the following statement to transfer package)

(DATE) SUITABILITY FOR OPERATIONAL DUTY

1. Operational screening per BUPERS Order XXXX completed.
Member is fully suitable for operational duty.
2. Reason for screening: Orders to Type 2/operational duty.

U. R. SEAWORTHY
By direction

(DATE): I hereby acknowledge the above entry and that I am
fully suitable for operational duty.

(Sailor's Signature) _____

EXHIBIT 1

OPERATIONAL SCREENING STATUS REPORT

(Use proper message format containing the following:)

FM Transferring Command
TO COMNAVPERSCOM MILLINGTON TN//PERS-40BB (and)/APPLICABLE
DETAILER (for enlisted personnel) (or)/APPLICABLE OFFICER
DETAILER FOR OFFICERS//
INFO GAINING COMMAND (IF APPLICABLE)
BUMED WASHINGTON DC//M3F//
BT
UNCLAS // N01300//
MSGID/GENADMIN//
SUBJ/OPERATIONAL SCREENING STATUS REPORT ICO RANK/RATE, NAME//
REF/A/DOC/BUPERS/DMY//
REF/B/DOC/BUMED/DMY//
REF/C/RMG/BUPERS ORDER/DTG//
NARR/REF A IS MILPERSMAN 1300-800 OPERATIONAL SCREENING PROCESS.
REF B IS BUMEDINST 1300.2A. REF C IS ORDER XXXX//
POC/NAME/RANK/UNIT IDENTIFIER/TEL:DSN/COMM/EMAIL IF APPLICABLE//
RMKS/1. ORIG UNABLE TO COMPLETE OPERATIONAL SCREENING PER REFS
A THRU C WITHIN THE 30-DAY TIME PERIOD.
2. REASON FOR DELAY:
3. ANTICIPATED COMPLETION DATE:
4. ADDITIONAL INFO FROM MTF (IF ANY):
5. PROVIDER'S NAME, RANK, TELEPHONE NUMBER, AND E-MAIL ADDRESS.
6. COMMANDING OFFICER'S COMMENTS:
BT

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Results Report for: USN NAVY42065 - VQ 4 SEA DUTY DET

Date Reported: 20210830

===== Electronic Copy Of The DD2624 =====
UIC: N 42065 NDSL: GLKS Collect Date: 20210729 Local Batch: A195 Form Number: 2103217B6
=====

ID	DoD ID	LAN	BASIS	INFO	DISC	DRUGS SCREENED	RESULTS
(b) (6)							
009	1300445817	G2103217075	IR	Z		ACEFHO TVYZ	POSITIVE THC9 113,>LOL
(b) (6)							

CUI

[Back to Top](#)

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(83)

Drug Testing Program
Testing Register

New Pool / (VQ-4)

20210729 5:36:19 AM

IR

Date of Collection T/M/D/Y	Batch And Specimen #	Tested Members Rank, Printed Name, DOD ID Signature	TPI	Observer's Printed Name and Signature	Comments and Disposition
<div>(b) (6)</div>					
20210729	Batch: Spec: A195 009	AD1 GIONET, ALYCIA T. Alycia Gionet AD1	IR	<div>(b) (6)</div>	SMR

(b) (6)



DEPARTMENT OF THE NAVY
FLEET AIR RECONNAISSANCE SQUADRON FOUR
7791 MERCURY ROAD
TINKER AIR FORCE BASE OKLAHOMA 73145-8550

5350
31 Aug 21

From: Commanding Officer, Fleet Air Reconnaissance Squadron FOUR
To: LT (b) (6) USN

Subj: AUTHORIZATION TO REVIEW PERSONNEL MEDICAL RECORD

Ref: (a) OPNAVINST 5350.4C
(b) COMSTRATCOMMWINGONEINST 5350.3A

1. As competent medical authority, you are hereby authorized to review the medical record for AD1 Gionet, Alycia T., USN, (b) (6) Member tested positive for Delta-9-Tetrahydrocannabinol in the amount of 113 ng/ml from a urine sample collected on the 29 July 2021.

2. Please provide Command Urinalysis Program Manager, AEC I (b) (6), MA1 (b) (6) or MA2 (b) (6) with prescription drug name, dosage, prescription date, and expiration date following verification of service member's medical and dental records. They can be reached at (b) (6)

(b) (6)

C. M. SEGUINE

31 AUG 2021

From: LTJ (b) (6) MC, USN
To: Commanding Officer, Fleet Air Reconnaissance Squadron FOUR
Subj: MEDICAL RECORD REVIEW ICO, GIONET, ALYCIA, USN, XXX-XX-3306
Ref: (a) OPNAVINST 5350.4 (series)
(b) COMSTRATCOMMWINGONEINST 5350.3 (series)
Encl: (1) HMHS-generated medications list
(2) AHLTA-generated medications list

1. Cross-check has been made with appropriate medical and dental records.
 - a. Enclosure (1) reflects all medications currently enumerated on the outpatient Tricare/HMHS record for the preceding 6 months.
 - b. Enclosure (2) reflects all "current medications" as enumerated by query of the Armed Forces Health and Longitudinal Technology Application (AHLTA).
2. If additional assistance can be provided, please contact the Navy Flight Medicine Duty Physician, Tinker AFB, OK at COMM (b) (6) or DSN (b) (6). Fax is (b) (6).

Very respectfully,

(b) (6)
(b) (6)

Patient Medication Display

Patient Name: Alycia Gionet

Date of Birth: 03/08/1988

Drug Name	New/ Refill	Days Supply	Quantity	Date Dispensed	Provider Name/Title
FLUOXETINE HCL/20 MG/CAPSULE	New	120	120	08/20/2021	(b) (6)
TRINESSA/7DAYSX3 28/TABLET	Refill	84	84	05/12/2021	

NA = Not Available

OUTPATIENT ACTIVE MEDICATIONS LIST

PATIENT ID: GIONET, ALCIA TERESE
WEIGHT (b) (6) (23 Mar 2021)
Allergy: NKDA

(b) (6)
CREATININE: 0.9 mg/dL (18 Aug 2012)

PRINTED: 31 Aug 2021@0758
AGE: 33yo DOB (b) (6) FEMALE

No Medication Data found for this patient.

-----End of Active Prescriptions-----

Annotate all other medications taken by patient (OTCs, Herbals) below. None: _____

Keep this medication list in a safe place and bring it with you anytime you seek medical care.

----- (END OF REPORT) -----



DEPARTMENT OF THE NAVY
FLEET AIR RECONNAISSANCE SQUADRON FOUR
7791 MERCURY ROAD
TINKER AIR FORCE BASE OKLAHOMA 73145-6550

5350
Ser 00/233
31 Aug 21

From: Commanding Officer, Fleet Air Reconnaissance Squadron FOUR
To: Commanding Officer, Navy Drug Screening Laboratory, Great Lakes

Subj: REQUEST FOR TECHNICAL REVIEW OF POSITIVE SPECIMEN

Ref: (a) OPNAVINST 5350.4 Series, Drug and Alcohol Abuse Prevention and Control

1. In accordance with reference (a), we request that Navy Drug Screening Laboratory, Great Lakes provide a technical consultation for a positive specimen. Details on the specimen and service member's prescription usage are described below:

a. Laboratory Accession Number (LAN), G2103217075 was reported positive for Delta-9-Tetrahydrocannabinol (reported as THC9) in the amount of 113 ng/ml, >LOL.

b. The service member's medical, dental, and prescription records were reviewed. The following prescriptions were found to be current and valid at the time of urine collection.

Prescription Drug Name	Dosage	Prescription Date
FLUOXETINE HCL	20 MG	20AUG2021
TRINESSA	28 MG	12MAY2021

2. If you have any questions or require additional information, please contact the Navy Flight Medicine Duty Physician, Tinker Air Force Base, Oklahoma at (b) (6) or DSN (b) (6). Our fax is (b) (6).

8/31/2021

X (b) (6)

C. M. SEGUINE
Commanding Officer

(b) (6)

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CUI



DEPARTMENT OF THE NAVY
NAVY DRUG SCREENING LABORATORY
2500 RODGERS STREET BUILDING 5501
GREAT LAKES ILLINOIS 60088-2952

IN REPLY REFER TO
5355
Ser SS/0798
1 Sep 2021

From: Commanding Officer, Navy Drug Screening Laboratory, Great Lakes
To: Commanding Officer, Fleet Air Reconnaissance Squadron FOUR, 7791 Mercury Road,
Tinker Air Force Base, OK 73145-6550

Subj: TECHNICAL REVIEW FOR URINE SPECIMEN ASSIGNED LABORATORY
ACCESSION NUMBER G2103217075

Ref: (a) FAIRECONRON FOUR ltr 5350 Ser 00/233 of 31 Aug 21

1. Reference (a) provided prescriptions for the Service Member (SM) who provided the urine specimen identified by Laboratory Accession Number (LAN) G2103217075 and collected on 29 July 2021. The Navy Drug Screening Laboratory (NDSL) cannot independently verify the prescription information provided in reference (a); it is the responsibility of the submitting / requesting unit, as part of their investigation, to ensure that the prescription / medical information provided to the NDSL is non-repudiably linked to the SM whose specimen the unit collected.

2. Navy's Policy is zero tolerance for drug abuse. Per OPNAVINST 5350.4D, SMs whose urinalysis specimens are identified positive for a controlled substance for which they do **NOT** have a valid prescription may be considered to be in violation of the UCMJ for drug misuse/abuse. Per NAVADMIN 130/12, prescription drugs are inappropriately used when they are used outside of their intended purpose, beyond their prescribed dates, in excess of their prescribed dosing regimen, or when a SM uses another individual's prescription.

3. The submitting / requesting unit should note that this finding is applicable only to the facts and circumstances specific to this SM's specimen. It is not the intention of the NDSL to indicate that a specific prescription was in fact the cause of a specific positive result.

4. In response to reference (a), the following statements are provided:

a. The urine specimen identified by LAN G2103217075 was positive for 11-nor-9-carboxy-delta-9-tetrahydrocannabinol (reported as THC), a urinary metabolite of marijuana, at 113 ng/mL (> upper limit of linearity).

b. No valid prescription was provided that supports the positive result detailed in paragraph 4a, above.

Controlled by: NAVDRUGLAB GREAT LAKES IL
CUI Category: PRVCY
Distribution/Dissemination Controls: FEDCON
POC: (b) (6)

CUI

CUI

Subj: TECHNICAL REVIEW FOR URINE SPECIMEN ASSIGNED BY LABORATORY
ACCESSION NUMBER G2103217075

5. For further assistance, please contact the laboratory at COM (b) (6)
or DSI (b) (6) email usn.great-lakes.navdruglabgrlil.list.ndslgl-tech-
help@mail.mil, or visit our web site at [https://www.med.navy.mil/sites/nmcphc/navy-drug-
screening-labs/ndsl-great-lakes/Pages/default.aspx](https://www.med.navy.mil/sites/nmcphc/navy-drug-screening-labs/ndsl-great-lakes/Pages/default.aspx).

(b) (6)

(b) (6)
Reviewed by

(b) (6)

By direction

REPORT AND DISPOSITION OF OFFENSE(S)

NAVPERS 1626/7

To: Commanding Officer, FLEET AIR RECONNAISSANCE SQUADRON FOUR (VQ4) Date of Report: 23 Sep 2021

I hereby report the following named person for the offense(s) noted:

NAME OF ACCUSED GIONET, Alycia T.	SERIAL NO.	SOCIAL SECURITY NO. (b) (6)	RATE/GRADE AD1/E-6	BR. & CLASS USN	DIV/DEPT MAINT
--------------------------------------	------------	--------------------------------	-----------------------	--------------------	-------------------

PLACE OF OFFENSE(S) At or near Tinker AFB, Oklahoma	DATE OF OFFENSE(S) On or about 29 July 2021
--	--

DETAILS OF OFFENSE(S) (Refer by Article of UCMJ if known. If unauthorized absence, give following info: time and date of commencement, whether over leave or liberty, time and date of apprehension or surrender and arrival on board, loss of ID card and/or liberty card, etc.):

Charge: Violation of UCMJ Article, 112a (Wrongful Use of a Controlled Substance)

Specification: In that Aviation Machinist's Mate First Class Alycia T. Gionet, U.S. Navy, Fleet Air Reconnaissance Squadron FOUR, Tinker AFB, Oklahoma, on active duty, did, at or near Tinker AFB, Oklahoma, on or about 29 July 2021, wrongfully use Tetrahydrocannabinol (THC), a schedule I controlled substance.

(AND NO OTHERS)

NAME OF WITNESS	RATE/GRADE	DIV/DEPT	NAME OF WITNESS	RATE/GRADE	DIV/DEPT

LN2/COMMAND LEGALMAN

(Rate/Grade/Title of person submitting report)

(b) (6)

(Signature of Accused)

I have been informed of the nature of the accusation(s) against me. I understand I do not have to answer any questions or make any statement regarding the offense(s) of which I am accused or suspected. However, I understand any statement made or questions answered by me may be used as evidence against me in event of trial by court-martial (Article 31, UCMJ).

Witness:

(b) (6)

Acknowledged:

Alycia Gionet

(Signature of Accused)

PRE-MAST
RESTRAINT☐PRE-TRIAL
CONFINEMENT☐

RESTRICTED: You are restricted to the limits of _____ in lieu of arrest by order of the CO. Until your status as a restricted person is terminated by the CO, you may not leave the restricted limits except with the express permission of the CO or XO. You have been informed of the times and places which you are required to muster.

☐

NO RESTRICTION

(Signature and title of person imposing restraint)

(Signature of Accused)

INFORMATION CONCERNING ACCUSED

CURRENT ENL. DATE	EXPIRATION CURRENT ENL. DATE	TOTAL ACTIVE NAVAL SERVICE	TOTAL SERVICE ON BOARD	EDUCATION	AFQT	AGE
04 Sep 07	07 Jun 18	14 yrs 3 mos	3yrs 2 mos	12	67	33
MARITAL STATUS	NO. DEPENDENTS	CONTRIBUTION TO FAMILY OR QTRS. ALLOWANCE (Amount required by law)		PAY PER MONTH (including sea or foreign duty pay, if any)		
(b) (6)		\$0.00		(b) (6)		

RECORD OF PREVIOUS OFFENSE(S) (Date, type, action taken, etc. Nonjudicial punishments are to be included.)

NO PREVIOUS NJPS OR COURTS-MARTIAL.

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PRELIMINARY INQUIRY REPORT

From: Commanding Officer

Date:

3:

1. Transmitted herewith for preliminary inquiry and report by you, including, if appropriate in the interest of justice and discipline, the preferring of such charges as appeal to you to be sustained by expected evidence.

REMARKS OF DIVISION OFFICER (Performance of duty, etc.)

NAME OF WITNESS	RATE/GRADE	DIV/DEPT	NAME OF WITNESS	RATE/GRADE	DIV/DEPT

RECOMMENDATION AS TO DISPOSITION

☐ REFER TO COURT-MARTIAL FOR TRIAL OF ATTACHED CHARGES
(Complete Charge Sheet (DD Form 458) through Page 2)

☐ DISPOSE OF CASE AT MAST

☐ NO PUNITIVE ACTION NECESSARY OR DESIRABLE

☐ OTHER

COMMENT (include data regarding availability of witnesses, summary of expected evidence, conflicts in evidence, if expected. Attach statements of witnesses, documentary evidence such as service record entries in UA cases, items of real evidence, etc.)

(Signature of Investigating Officer)

ACTION OF EXECUTIVE OFFICER

☐ DISMISSED

☒ REFER TO CAPTAIN'S MAST

(b) (6)

RIGHT TO DEMAND TRIAL BY COURT-MARTIAL

(Not applicable to persons attached to or embarked in a vessel)

I understand that nonjudicial punishment may not be imposed on me if, before the imposition of such punishment, I demand in lieu thereof trial by court-martial. I therefore (do) (do not) demand trial by court-martial.

WITNESS

(b) (6)

SIGNATURE OF ACCUSED

Alycia G. Groot (law)

ACTION OF COMMANDING OFFICER

<input type="checkbox"/>	DISMISSED	<input type="checkbox"/>	CONF. ON _____ 1, 2, OR 3 DAYS
<input type="checkbox"/>	DISMISSED WITH WARNING (Not considered NJP)	<input type="checkbox"/>	CORRECTIONAL CUSTODY FOR _____ DAYS
<input type="checkbox"/>	ADMONITION: ORAL/IN WRITING	<input checked="" type="checkbox"/>	REDUCTION TO NEXT INFERIOR PAY GRADE
<input type="checkbox"/>	REPRIMAND: ORAL/IN WRITING	<input checked="" type="checkbox"/>	REDUCTION TO PAY GRADE OF _____
<input checked="" type="checkbox"/>	REST. TO <u>TINLER AFB</u> FOR <u>30</u> DAYS <u>CSUSP 6 MOS</u>	<input checked="" type="checkbox"/>	EXTRA DUTIES FOR <u>30</u> DAYS <u>CSUSP 6 MOS</u>
<input type="checkbox"/>	REST. TO _____ FOR _____ DAYS WITH SUSP. FROM DUTY	<input type="checkbox"/>	PUNISHMENT SUSPENDED FOR _____
<input checked="" type="checkbox"/>	FORFEITURE: TO FORFEIT <u>(b) (6)</u> PAY PER MO. FOR <u>2</u> MO(S) <u>CSUSP 6 MOS</u>	<input type="checkbox"/>	REFER TO ART. 32 INVESTIGATION
	<u>(b) (6)</u>	<input type="checkbox"/>	RECOMMENDED FOR TRIAL BY GCM

☐ DETENTION: TO HAVE \$ _____ PAY PER MO. FOR (1, 2, 3) MO(S) DETAINED FOR _____ MO(S)

☐ AWARDED SPCM

☐ AWARDED SCM

DATE OF MAST

6 OCT 21

DATE ACCUSED INFORMED OF ABOVE ACTION

6 OCT 21

S

(b) (6)

It has been explained to me and I understand that if I feel this imposition of nonjudicial punishment to be unjust or disproportionate to the offenses charged against me, I have the right to immediately appeal my conviction to the next higher authority within 5 days.

SIGNATURE OF ACCUSED

DATE

I have explained the above rights of appeal to the accused.

Alycia G. Groot

K. Groot

SIGNATURE OF WITNESS

(b) (6)

DATE: 6 OCT 21

FINAL ADMINISTRATIVE ACTION

APPEAL SUBMITTED BY ACCUSED

DATED: 15 OCT 21

FORWARDED FOR DECISION ON: 21 OCT 21

FINAL RESULT OF APPEAL:

DENIED

APPROPRIATE ENTRIES MADE IN SERVICE RECORD AND PAY ACCOUNT REQUIRED

(b) (6)

FILED IN UNIT PUNISHMENT BOOK:

DATE: 6 OCT 21

(Initials)

DATE: 6 OCT 21

(Initials)

NAVPERS 1626/7 (Rev. 12-88)

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DEFENSE COUNTERINTELLIGENCE AND SECURITY AGENCY

27130 TELEGRAPH ROAD
QUANTICO, VA 22134-2253

September 27, 2022
DCSA-M 22-10245

Ms. Alycia T. Gionet
1305 NW 191st Street
Edmond, OK 73102

Dear Ms. Gionet:

This is in response to your Freedom of Information/Privacy Act (FOI/PA) request dated August 11, 2022, wherein you requested military command personnel security records, continuous evaluation incident reports, and credit reports obtained by Vetting Risk Operations and/or the Department of Defense, Consolidated Adjudication Facility. Your request was received in the Defense Counterintelligence and Security Agency (DCSA) Freedom of Information and Privacy Office for Adjudications on August 19, 2022. We conducted a search for records pertaining to you.

Our search revealed the attached records responsive to your request, which we are authorized to release to you under the provisions of the *Privacy Act of 1974*. The records are released in full; no information has been withheld.

Records potentially responsive to your request, which fall under the release authority of the Office of the Chief of Naval Operations, were located. We do not have release authority for those records; thus, we are referring your request and responsive records to their Privacy Office, for action and direct response to you.

No other records were located responsive to your request. If you have questions concerning the processing of this request, you may contact the HQ DCSA FOIA Office by emailing dcsa.quantico.dcsa-hq.mbx.foia@mail.mil. We hope this information is helpful, and appreciate the opportunity to assist you in this matter.

Sincerely,

//SIGNED//

for/
Joy F. Greene
Supervisory, Government Information Specialist
FOI/PA Office for Adjudications

Attachments:
As stated

PRIVACY ACT INFORMATION

In compliance with the Privacy Act of 1974, this information is Personal Data and must be protected from public disclosure.